DECEMBER 1950

HYGIENE

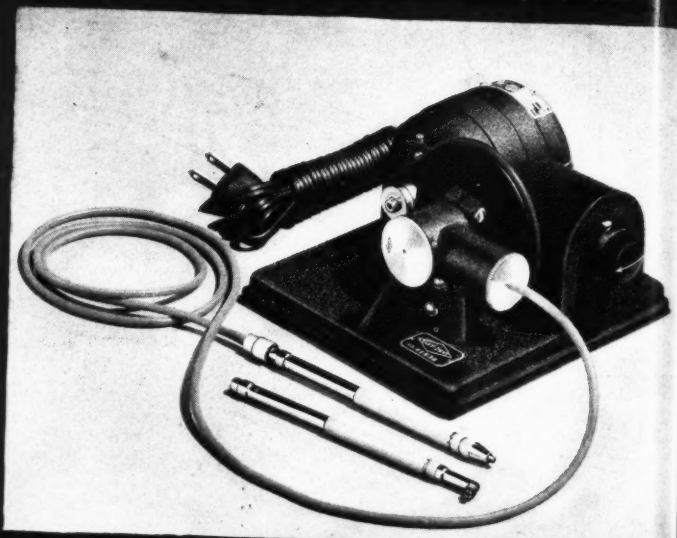
In This Issue:

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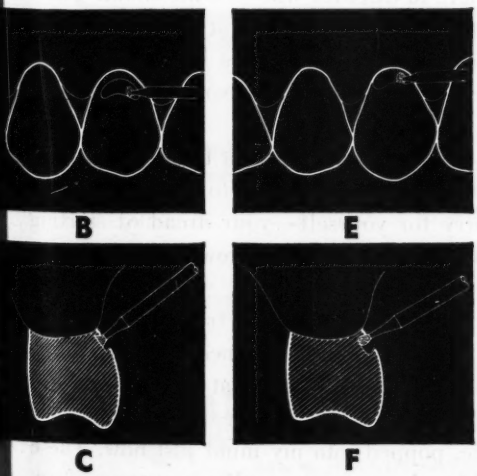
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Figures C. and F. are cross section views illustrating uses of AP1 and 7XR

AP1 To start preparation, use wheel part of point to open enamel, following contour of gum line (Fig. A). Invert point and use truncated portion for well-defined undercut to receive material. (Fig. B and C).

AP2 To start preparation where cavity outline is at gingival portion of tooth. (Fig. D). Safe-end permits opening of enamel and following contour without injuring gum tissue. Point is then inverted for undercutting as described above (Fig. E).

AP3 Technic same as for AP1. Use for larger preparations.

AP4 Technic as for AP2. Use for larger preparations.

7XR This instrument is used where round retention is desired. Its design permits the function of a combination of a round and inverted cone in a single instrument. (Fig. F).

#20 A finishing instrument for reducing bulky excess of plastic material. Small shape allows sub-lingual use. Use at low speed.

7R For larger preparations, use this instrument as above.

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The Publisher's CORNER



By Mass

No. 353

DDI/DI

THE TITLE LINE for this piece was used in the hope of enticing listless readers down here to discover what it's all about. Years ago, it captured my own interest when I saw it on a card under the glass top of a friend's desk. "What does DDI/DI mean?" I asked him. He grinned, then told me, "It means just this: don't dread it; do it."

Lots of times since then I've thought about the episode when I have been faced by some task I've wanted to detour. On such occasions, you feel sorry for yourself—your dread of starting the distasteful job penetrates the very marrow of your bones. It's awful.

Of course, it helps if you have had early training in feeling sorry for yourself. Maybe you weren't trained. I was. As far back as I can remember, I was pretty handy at feeling sorry for myself. Weird recollections they are, too. The case of Archibald the Goose, for example, popped into my mind just now. These many years Archibald has been a gone gosling—not a gosling,



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really, for he was a fine big strapping gander when last he looked into my eyes. But he was always a gosling to me—my baby—and still is, for that matter.

Some now-forgotten friend gave him to me—put him in a paper bag so that I could carry him home on my bicycle, riding the while with one hand, a feat I was famous for (and still indulge in when I have a spot of proofreading to do). Anyway, Archibald and I made the trip without mishap.

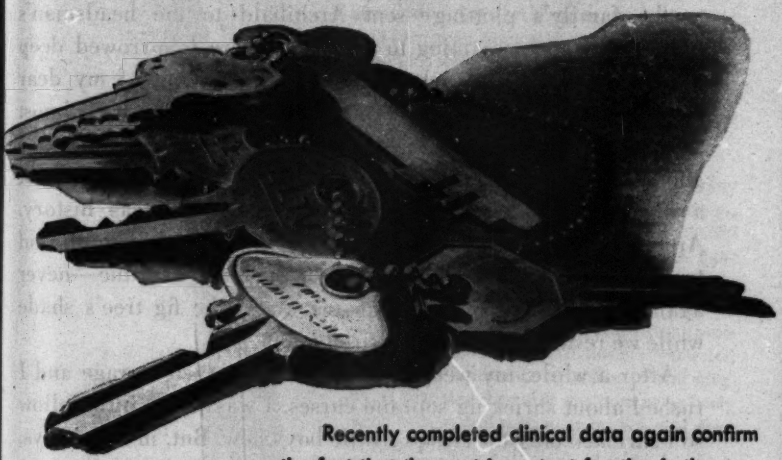
Then there were long days and weeks and months when we knew the joy of boon companionship. Archibald grew and grew. As he bulked larger and larger and became stronger and stronger, he developed a dominant, sneery attitude, along with a measure of contempt for mankind. But not for me. To Archibald, I was another goose, I feel sure—a goose he loved. Anyway, he gave every evidence of adoring me, and never for one moment made hostile passes at me or attempted to bite a lunch off of what was in those old days my tender and no doubt tasty carcass. More than once he terrified old ladies who came to call at our house, and he'd send little children running screaming to their mothers. But as for me, Archibald was my friend, my more than brother.

During glorious California summer days, and in the pleasant autumn, we skylarked through the happy hours. Life, I thought—and doubtless Archibald thought so, too—would always be like that. But it was not to be. One day I discovered this appalling truth. It was bitter news and I was grateful only that I—not Archibald—had overheard my folks plotting his sudden end. Sudden end it proved to be, too. Whacko! And Archibald's soul was up the spout, his beloved torso headed for our big old wood-burning kitchen stove.

The thing was, our family was ensnarled in one of the economic crises that we found ourselves in at too regular intervals.

(*Continued on page* 1746)

The real *key* to the problem of tooth decay



Recently completed clinical data again confirm the fact that the most important function in the prevention of tooth decay is regular cleansing of the teeth after eating plus regular biannual visits to the dentist.* In order to get your patients to cooperate with this most important function, it is necessary to have them use a tooth paste to their liking; one that tastes good, cleans efficiently and leaves the mouth feeling cool and refreshed. Kolynos Tooth Paste meets these specifications to the letter. When you recommend Kolynos Tooth Paste to your patients, you may be assured that you will invite their cooperation in the consistent and regular function of brushing their teeth after eating and will thus help to prevent tooth decay. For years Kolynos has been the choice of many discriminating dentists throughout the world. Won't you make it your choice too?

* Fosdick, L. S., The Reduction of the Incidence of Dental Caries. I. Immediate Tooth Brushing with a Neutral Dentifrice, J.A.D.A. Vol. 40, No. 2, February 1950.

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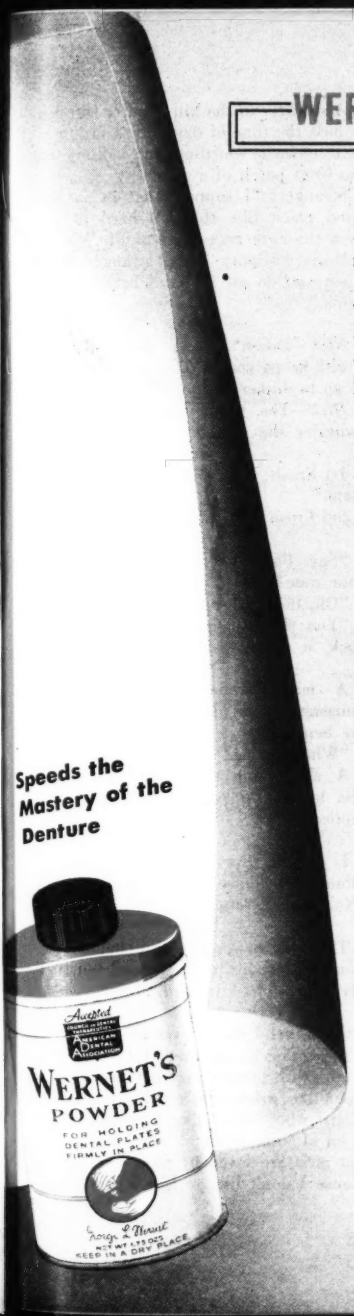
(*Continued from page* 1736)

Thanksgiving was only a few days off and, as things stood, there would be no meat on the table. It was this horrid fact which led to the family's plotting—sent Archibald to the headsman's block—sent me screaming to the barn where I burrowed deep into a pile of gunny sacks to shut out the sound of my dear friend's last earthly honking. But even there in the barn, almost smothered by the sacks, Archibald's death rattle came to me—ghostly honking in a falling cadence like the last faint notes of a dirge. Archibald had winked out. Archibald was history. Archibald would never again look into my eyes with faith and trust—never again would dart about the yard with me—never again would he sit quietly with me under the fig tree's shade while we rested our pleasantly tired bones.

After a while, my weeping and wailing turned to rage and I rushed about shrieking soprano curses. I was just a little fellow so I shrieked only the curses a little boy knew. But, in those days, most little boys knew quite a lot. And I had always been an observant youngster, studious, quick to learn . . .

This drowsy afternoon in 1950's Indian Summer, this writing seems to have wandered away from whatever it was we were getting at—trying to develop something or other suggested by a little card under the glass top of a man's desk, a card reading DDI/DI. There was some vague notion of fishing a glistening moral out of it all, viz. and to wit: don't feel sorry for yourself because you have some distasteful duty to perform. Don't dread it; do it.

Then Archibald got into the act, and look what happened. One thing that has happened I can tell you is that I am feeling sorry for myself all over again, feeling sorry for myself about Archibald. If you don't mind, I'll stop this writing right here.



WERNET DENTAL LORE

NOVEMBER 1950

According to the Department of Commerce, the 78,000 dentists in the country in 1948 earned an average of $6,912.00 during the year. This was 80 per cent over their 1941 earnings, and 60 per cent over their 1929 earnings. About 20 per cent earned under $3,000.00, and about 20 per cent earned over $10,000.00.

* * *

Dentistry by wholesale: As of 1945, the Army Dental Division had done 67,000,000 fillings, 15,600,000 extractions, replaced over 17,000,000 teeth, provided two and a half million dentures, and repaired another 685,000 dentures.

* * *

It was late in the 1700's that dental prosthesis was taken out of the hands of the jeweler, and became a province of dentistry. Oral surgery at that time had still not been completely taken over by oral specialists, but was still done to some extent by barbers.

* * *

The first regularly educated dentist to practice in the United States was John Woofendale, a pupil of Thomas Berdmore, who came to this country in 1776 and opened an office in New York.

* * *

Modern public health services are not so new! In a patent of King Henry IV in 1400, a tooth-drawer, Mathew Flint, was commanded to do "all that pertains to his art to any of our poor subjects who shall at any time require it without at any time receiving anything from them on that account."

* * *

Wernet's Powder was formulated by Dr. George L. Wernet in 1912, and has since achieved a leading position in dentists' recommendations for use by denture patients during the first critical weeks of adaptation.

Laffodontia



State Politician: "How's the sentiment out here?"

Farmer: "Not bad. There were six cars parked in my lane last night."

★

"Give me a pound of those grapes. My husband is fond of them. Do you know if they have been sprayed with any kind of poison?"

'No, ma'am; you'll have to get that at the drug store.

★

An economy-minded Congressman thinks his small son's teacher has done the boy an injustice.

Johnny, in a mid-year test, was asked: "Where is the capital of the United States?"

And the boy, who had overheard a lot of talk at home about government spending, got flunked for answering: "In loans all over the world."

★

A man returning in the small hours of the night found a burglar jimmying the lock on his front door. Thinking quickly, the man whispered to the prowler, "I'll open the door if you go in first."

A stranger in the hill country stopped to pass the time of day with a group of local citizens whittling and talking on the front porch of a cabin.

Stranger: "I suppose that in an isolated place like this it's hard to get even the bare necessities of life."

Host: "Mighty right, stranger. And when you do git it, 'taint hardly fit to drink."

★

Nick—Doesn't it make you mad when a girl keeps you so long getting ready to go to dinner with you?

Dick—Yes, the longer she takes the hungrier she gets.

★

1st Frosh: "You ought to take chloroform."

2nd Frosh: "Who teaches the course?"

★

"Say, Pal, what are those marks on your nose?"

"Oh, those were made by glasses."

"You should learn to tilt your head back, it pours easier."

★

A man wandered into a tennis tournament one day and sat down on the bench.

"Whose game?" he asked.

A shy young thing sitting next to him looked up hopefully. "I am," she replied.

★

Is it true that your husband ate his dinner in silence after your quarrel? "No, we had soup."

★

Then there was the Scotchman who wouldn't buy his girl a parasol but told her shady stories instead.

★

I think that I shall never see
A girl refuse a meal that's free;
A girl with hungry eyes not fixed
Upon the drink that's being mixed;
A girl who doesn't like to wear
A lot of junk to match her hair;
But girls are loved by guys like me
'Cause I don't like to kiss a tree.

VOL. 40, NO. 11 — Oral HYGIENE — DECEMBER 1950

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Circulation more than 70,000 copies monthly

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Another Sure Way To Build Your Practice ..... *George S. Walling, D.D.S.* 1784

Answers To the Dentists' Income Tax Questions ..... *Betty Lee Gough* 1788

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Doctor Scherman shown at the dental chair in one of the two operating rooms in his Tokyo dental clinic.

MY LIFE
as a Dental Missionary

BY FRED C. SCHERMAN, D.D.S.

A native Illinoisan describes his unique dental career in Africa and Japan.

IN 1930, MY wife, who is a registered nurse, and I went to Kenya Colony, East Africa, where I had planned to establish my missionary dental practice. However, the principal medical officer refused to license me because he feared that an American missionary dentist in Kenya Colony would lessen the income of the British dentists in Nairobi. Those men were paying taxes, whereas a missionary was tax exempt. Because of this incident, we advanced inland to the Belgian Congo in the heart of Africa, where, in 1931, I was granted the first license ever issued to an American dentist.

Missionary work requires an ability to do virtually everything,

and anyone who can build at all is most welcome in Africa. Before entering dental school I had been a bricklayer, so I was busy building all the while we were there. In East Africa I built an office building and in Central Africa a large hospital, where I had my dental office later.

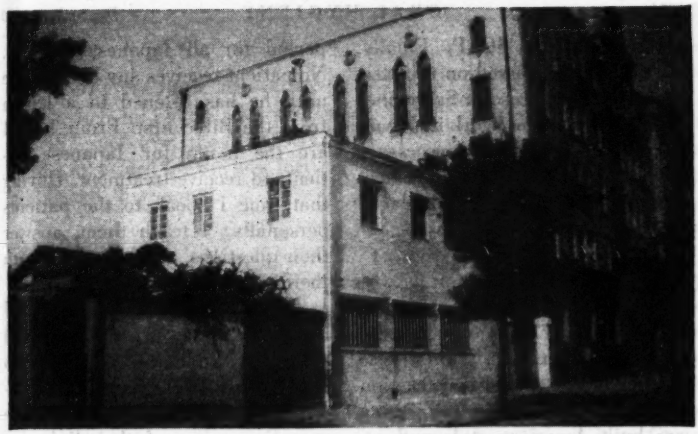
Doctor Frederick C. Scherman and his wife, Mrs. Grace Scherman, are medical missionaries on duty in Japan. After receiving his degree from Northwestern University Dental School in 1919, Doctor Scherman practiced in Oak Park, Illinois, while he prepared for the ministry. In June 1930 he was ordained at Madison Street Bible Church, Oak Park, Illinois. Doctor Scherman has written the accompanying story of his experiences as a dental missionary especially for ORAL HYGIENE.

Jungle Safaris

Our years in Africa were busy ones, for there was not another dentist within a radius of 500 miles. Continuous safaris into the jungle were necessary to care for the ailing citizens of the native villages. Coping with the natural treacheries of the jungle, ignorant customs, and the hostility of some tribes, kept us constantly alert. But our efforts were appreciated by the many grateful natives whose sufferings we were able to relieve.

Following this adventurous period, Mrs. Scherman and I returned to America and lived in Los Angeles, California. From there, in 1947, we prepared to go to Japan. After securing the necessary funds for the purchase of equipment and supplies, we sailed for Japan, arriving in Tokyo in December 1948. Tokyo was overcrowded as a result of the war and we lived in one room for the first year. We had only a folding bed which was narrow for two people, so I used two suitcases as an extension, and slept on them.

Mrs. Scherman wanted to practice as a nurse, and she was granted a license by merely presenting her credentials, an examination being unnecessary. But I was not so fortunate. The law stated that I would have to apply for and take the national examination for dentists before I could be given a license. This was a new experience for the Welfare Ministry and for the examining committee and, before I could take the examination, I had to learn the Japanese technique. This included bending stainless steel clasps and soldering with German silver solder; casting an inlay with miro-silver, using the pressure method; and outlining plaster casts by using a "fude," a Japanese penbrush. Along with all this, it was necessary to do extensive reviewing and studying because I had not taken a state board examination in thirty years, and I had to pass this

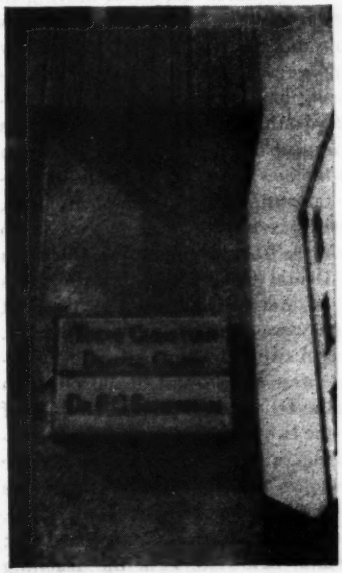


The Christian Dental Clinic (smaller building), constructed on the com pound of the Church of Christ in Tokyo.

one in order to receive a license to practice dentistry in Japan.

The written examinations were held the first week in April 1949 and during the second week in April, the practical examinations were given. Then there was a period of waiting until the end of June when written notice was given that I had been successful. After much red tape, I paid the required 3,000 yen and became the first foreigner to receive a license by examination to practice in Japan.

Next came the application for a license from the Foreign Investment Board of the occupational



The entrance to Doctor Scherman's clinic (showing the name plate containing his name and the name of the Tokyo Christian Dental Clinic).

government, the SCAP. Finally, after the board passed on my case, I was given a license in September 1949 to conduct my work in Japan. Then, after obtaining the necessary import license to bring equipment and supplies into Japan, I placed the property in storage.

Builds Modern Clinic

A site for our building was selected on the compound of the Church of Christ in Tokyo; the contract was let; and construction began. To be certain everything was built American style and according to our specifications, Mrs. Scherman and I occupied one unfinished room in the new building on December 30, 1949, moving in the middle of winter to a heatless room that had just been freshly plastered. In February, the building had been completed sufficiently so that I could bring my supplies out of storage and move them into the new location. Since all the dental equipment was American made, it was necessary that I set it up myself. At last the Tokyo Christian Dental Clinic opened for visitors on March 12, 1950, and the next day we began to receive patients.

A two-chair clinic, the most modern and the finest dental clinic in the Orient, is on the main floor of the two-story building, and our living quarters are upstairs. The hours are 9 to 12 for foreigners and Allied personnel; 12 to 12:30, Japanese patients must register; and 12:30 to 1 is the teaching period for all Japanese patients. No patient receives any dental care until he has listened to a lesson from the Bible first. From 1 to 4 are the hours for Japanese patients to receive treatment. During that time I speak to the patients personally; I teach them, answer their questions, and help them with their many problems.

The work in the clinic is divided into two parts, professional and spiritual. From 4 to 5 and from 6 to 7 daily, Monday through Friday, Bible classes are held in the reception room of the clinic for dental students, dentists, Welfare Ministry employees, civil engineers, medical students, student nurses, nurses, and others. The clinic is known throughout Japan and people come here not only for dental care but for spiritual help. Thus far, I have baptized 50 persons and cared for over seventy-five missionaries, sending them back to their respective stations to serve, free from dental disease. I make no charge for my services but the foreign patients who are treated leave a gift to the clinic if they wish. I receive no support from any source for the dental clinic, so I meet the overhead myself. I believe the Tokyo Christian Dental Clinic is the largest of its kind in the world. It is the only dental office or clinic in the Orient which has an American registered nurse as assistant. White uniforms are worn, and everything is kept just as clean and spotless as in the finest

★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This article by FRED C. SCHERMAN, D.D.S., has won the $100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★

institutions in America. We want our patients to feel that we are prepared to give competent service.

One chair in the clinic is used for extractions and oral surgery, while the other is reserved for operative dentistry. Every new patient is seated in the chair for extractions where an examination is made; for, in most cases, a number of teeth need to be extracted. The Japanese people who come to the clinic, as a whole, have poor teeth. Often, infected old roots have been left in the mouth and dentures made to fit over them. Because gold is now rationed and hard to get, and because it is too expensive for the average native, the Japanese dentists use German silver and stainless steel for three-quarter crowns. This type of crown is used so frequently that when a patient smiles the result looks like the dentistry I did in my freshman year in dental school. Amalgam and cement are the principal restoration materials, and miro-silver is used for inlays. Pontics in bridgework generally are made of German silver or stainless steel; porcelain facings are too difficult to use with German silver solder. Acrylic dentures are popular, and some orthodontia is attempted, with good results. I practice dentistry the American way, and all patients are sent away only after they have been cared for completely. Since no charge is made for treatment, a patient has no excuse for neglecting to complete the treatments.

All the patients come primarily for dental service, but they also hear the Word of God and listen attentively. About 70 per cent of the patients never heard the Bible read, never heard a Gospel lesson, and never heard about Jesus Christ before coming to the clinic. Many thank me for conducting the clinic so that they can become acquainted with Christian teachings. Although I have had language study and can speak and understand some Japanese, still I use an interpreter in all my work with the Japanese people. This has proved to be practical, because the interpreter understands the Japanese way of thinking.

I hold table-clinics and have translated articles read in my reception room for dentists and dental students. For the last 15 years little professional information has reached Japan, and these men are hungry for new developments in dentistry. I try to help them as much as possible.

Neither Mrs. Scherman nor I receive any salary for our work; we are supported each month only through gifts from our interested friends. Such gifts are sent to Mr.

J. K. Scoggan, 320 West Main Street, Louisville 2, Kentucky, and are forwarded to us. We work independently as missionaries of the Church of Christ. Soon tourists will be admitted to Japan, and we invite all who visit Tokyo to include the Tokyo Christian Dental Clinic in their itinerary.

There are still frontiers in the dental profession that have been untouched. Missionary dentistry is one field that is wide open to the dental profession.

5, 2 *Chome, Kanda, Surugadai,*
Chiyoda Ku,
Tokyo, Japan

"MORE UNDER SOCIAL SECURITY"

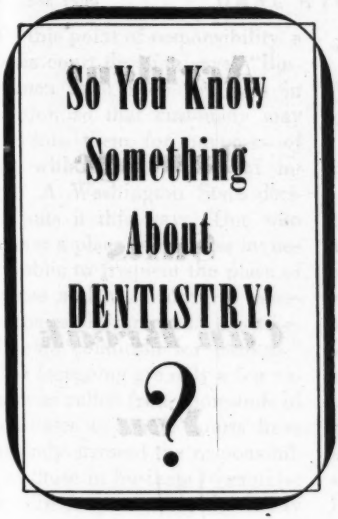
ALL WHO uphold social insurance as the most practical method of safeguarding individuals and families against the unpredictable hazards of an industrialized civilization will be encouraged by the substantial advances represented in the 1950 amendments to the Social Security Act.

These new amendments dramatize one essential attribute of all social legislation; the fact that it is dynamic, not static. Resources and needs change with the times. Laws designed to make human lives safer and happier must change, too, whatever the cost of legislative and administrative time and effort. In the last analysis, it is only through public understanding and support that the drafting and administration of any measure in the health or welfare field can eventually meet the need it is designed to serve.—Eveline M. Burns, Our New Social Security, *The Survey*, October, 1950.

THE COVER

THE COVER is dedicated to the Relief Fund Seal campaign of the American Dental Association. We urge every dentist to support this worthy charity. Be as generous as you possibly can and you will be aiding some worthy practitioner who needs temporary or permanent help.

So You Know Something About DENTISTRY!



QUIZ LXXV

1. What are "Hollywood veneers?" .....

2. Pain caused by pronounced presure on the part of the examiner usually denotes a (a) superficial, (b) moderately deep, (c) deep-seated, lesion. .....

3. The upper permanent laterals begin to calcify (a) earlier than, (b) later than, (c) along with, the upper and lower central and lateral incisors. .....

4. Definition in roentgenography can be improved by (a) decreasing the distance between the object and the film, (b) increasing the exposure time, (c) increasing the distance between the source and the film.

5. Which of the following has been claimed to be a causative factor in the production of agranulocytosis? (a) acetanilid, (b) aminopyrine, (c) acetylsalicylic acid. .....

6. Is breast milk a good source of fluorine when the maternal ingestion of the element is high?

7. The predominating organisms in infected pulps are (a) streptococci, (b) staphylococci, (c) bacilli. .....

8. Why is infiltration anesthesia contraindicated if suppuration is present? .....

9. True or false? In hypercementosis, the periodontal membrane remains intact and can easily be traced around the area. .....

10. Is it easy to remove excess mercury from an amalgam alloy containing excessive tin?

FOR CORRECT ANSWERS SEE PAGE 1783



Accident Damage Suits *Can Break You*

BY HAROLD J. ASHE

Is YOUR office a reasonably safe place for your patients? Are your income property and home free of accident hazards? If not, you may be a defendant in an expensive lawsuit brought by someone sustaining injuries on premises owned by you.

Because a dentist is aware of dangerous conditions around his office or other property, it is not safe to assume others are equally well informed. Some people develop a tolerance of accident hazards from long familiarity with such conditions and let the dangerous conditions go uncorrected until an accident occurs. Correcting the situation *after* an accident is no defense in a lawsuit seeking damages for injuries already received.

Curbstone lawyers argue that a customer enters any place of business at his own risk. This is not true. Courts have repudiated this false doctrine repeatedly.

On this point the California Supreme Court has said: "It is the owner's duty to keep the floors of his premises safe for those who must pass over them in the transaction of their business." In another case, the California Appellate Court clarifies this point by saying: "The proprietor, directly or impliedly inviting others to go into his building, owes to such persons a duty to have the premises in reasonably safe condition and to give warning of concealed perils."

On this point of responsibility, a Kansas court decision says: "Businessmen must keep premises in condition so that customers may come into them for purposes of trade without the hazard of injury." A Washington State decision puts it this way: "One who operates a place of business invites the public to frequent the place of business and has a duty to maintain the establishment in a reasonably safe condition for patrons."

The foregoing are only a few expressions culled from thousands of court cases in which courts have uniformly stressed the responsibility of those in business to exercise due care in protecting the safety of others on business premises.

To be on the safe side, the prudent dentist will be constantly alert to hazards. It is not only the permanent hazards which may cause a lawsuit, but also temporary conditions. In one case, a glass pitcher was dropped on a floor and broken. The defendant was aware of this happening, but failed to remove the danger. A small child tripped and fell on a jagged piece of glass, scarring her face seriously. The court decided against the defendant.

In another case, a customer tripped and broke his hip while climbing a short flight of stairs. Evidence developed that the stairs were covered with a ragged piece of carpeting in which the plaintiff's foot had caught. Again, a defendant lost because of his negligence

Prevention is the only protection in avoiding safety hazards in the dental office.

in tolerating such a condition.

While modern dental offices have a minimum of accident hazards, thousands of dentists, because of office-space shortages, have taken offices in all manner of makeshift quarters. Many of these places are veritable booby traps merely awaiting a victim. Dentists who have become accustomed to such quarters might give their offices another once-over. They may be surprised at the hazards that exist. Because an accident has not yet happened, it is unwise to assume it can't or won't. Given just half an opportunity, many dental patients possess a positive genius for stumbling or taking off into space. If hazards are removed there can be no lawsuit.

Where offices have two or more floor levels there is also a chance for a serious fall. One office floor a step higher than another is mischievously designed to trip the unwary and the absent-minded.

Even one-level floors can be a hazard under certain conditions. One court emphasized that "the oiling of the floor is not negligence per se," but the oiling must be done properly so that a slick film is not left. Too high a polish on certain surfaces may create bad underfooting.

Where a dentist rents in an of-

fice building, most of the likely hazards will be the responsibility of the building owner. However, where the dentist owns or occupies his own premises, his risks may multiply vastly. For example, lack of head clearance on the sidewalk may create a danger. This may involve awnings hung too low or metal awning frames tilted at precarious angles.

Occasionally, signs not secured properly may crash and injure passersby. After heavy windstorms it is wise to inspect sign moorings.

Building cornices weaken over the years. An annual inspection is warranted. Loosened mortar should be pointed up. Dentists having their own dental buildings or other property in earthquake areas should inspect arches, cornices, and signs after the slightest temblors.

The dentist should think twice before giving permission to stretch banners from an upper story of a business building he may own to another building across the street. In one such case, a banner in a strong wind brought down a cornice, seriously injuring a pedestrian. In the ensuing trial the fact developed that the owner was aware of this weakened cornice. He had been so advised by a painter who discovered the danger while anchoring a swing stage.

Even the condition of sidewalks can prove dangerous and, under certain conditions, the property owner or occupant of the premises may be held responsible. In one case, the defendant was sued and forced to pay damages to a pedestrian who slipped and injured his back on an ice-covered sidewalk. The plaintiff argued successfully that the defendant had been negligent in that he had failed to clean the walk of glare ice within a reasonable time after the ice had formed.

Where dentists own rental property, such as apartment houses, bungalow courts, or office buildings, they are obligated to insure the safety of their tenants. Hazards may range from a defective elevator to a decaying outside step.

"Booby Traps"

Land surrounding the premises may be a hazard. Exposed pits and holes may be the cause of damage suits brought by those falling into them. The fact that those bringing suit enter the property uninvited usually constitutes a weak defense.

Holes are "attractive nuisances," especially where children are concerned. They are so-called because they act as magnets to children at play and subsequently lead to injury. By extension, unprotected and exposed piles of junk may be classified similarly.

Aside from the inherent danger from legitimate damage suits, the negligent dentist lays himself open to victimization by professionals who make a business of sustaining an "injury" on a prospective defendant's premises. These racket-

eers are skillful. They have been through damage cases before and know what kind of evidence will stand up in court. As a result, they "case" properties looking for evidence of negligence. Finding a place where hazardous conditions are tolerated, they adapt their act to the particular circumstances at hand. Their lawyer does the rest. To permit hazards to exist is to invite suits.

Knowing that a heavy judgment can bring the careless dentist to the brink of bankruptcy, it would be folly to tolerate known and correctable hazards. The elimination of perils may represent a considerable outlay of time and money, but usually it will involve far less than a lawyer's fees in defending a suit —not to mention the damages that can be assessed against the dentist. Elimination of accident hazards is cheap protective insurance.

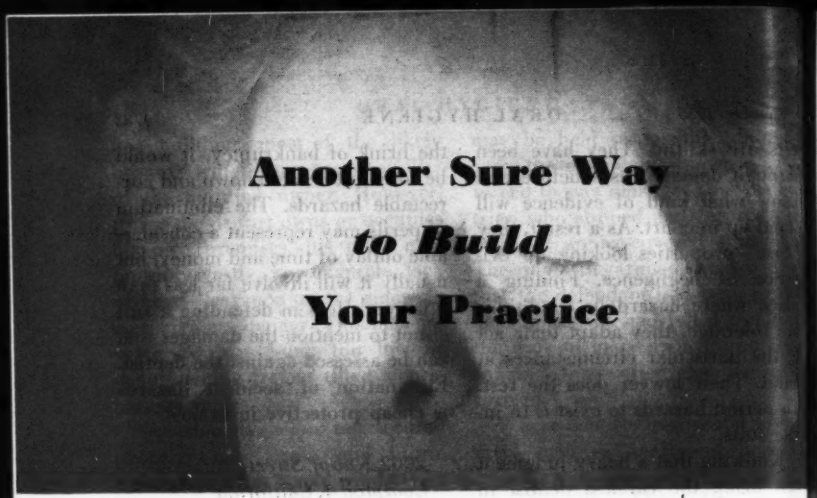
2002 *Knopf Street*
Compton 4, California

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LXXV

(See page 1779 for questions)

1. Temporary restorations for the correction of disfigurement and for replacement of deciduous teeth (they are worn while a motion picture is being filmed). (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincott Company, 1948, page 348)
2. (b) deep-seated lesion. (Mead, S. V.: Oral Surgery, ed. 3, St. Louis, C. V. Mosby Company, 1946, page 30)
3. (b) later—upper and lower centrals and laterals at three to four months and the upper laterals at one year. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, page 70)
4. (a) and (c). (Richards, A. G.: Roentgenographic Technics Made to Order, JADA **39**:396 [October] 1949)
5. (b) aminopyrine. (Accepted Dental Remedies, ed. 15, American Dental Association, 1950, page 169)
6. Yes. (Leicester, H. M.: Biochemistry of the Teeth, St. Louis, C. V. Mosby Company, 1949, page 173)
7. (a) streptococci. (Ostrander, F. D.; and Crowley, M. C.: Effectiveness of Clinical Treatment of Pulp-involved Teeth as Determined by Bacteriologic Methods, Journal of Endodontia **3**:9 [January] 1948)
8. Because of the danger of spreading infection. (Thoma, K. H.: Oral Surgery, Vol. 1, St. Louis, C. V. Mosby Company, 1948, page 22)
9. True. (Morgan, G. A.: Anomalies of the Anterior Region of the Mandible, DENTAL DIGEST **54**:261 [June] 1948)
10. No—very difficult. (Lane, J. R.: A Survey of Dental Alloys, JADA **39**:418 [October] 1949)



Another Sure Way *to Build* Your Practice

BY GEORGE S. WALLING, D.D.S.

IN A RECENT issue of ORAL HYGIENE,[1] I attempted to portray some of the basic psychologic principles which might prove of value in everyday practice. I should like to follow this up with an exposition of one practical application of this knowledge.

Hypnosis, basically, is merely the use of the principles of applied psychology to effect a temporary alteration between the mind and environment. It necessarily follows that the deeper the appreciation of human psychology, the more flexible and efficient the hypnotic utilization will be. But, this does not imply that it is necessary in hypnotic practice for the operator to be either a psychiatrist or one deeply versed in the science of the mind. Actually, almost every normal person of mature years is capable of applying hypnotic fundamentals.

As in all psychologic practice, the inter-relationship of practitioner and patient is decisive, but there is no truth in the belief that the hypnotist must be an overwhelming intellect or a masterful, commanding personality. The patient need not represent a special type but must only possess the ability to enter into emotional contacts; be intelligent enough to understand and cooperate; and be motivated by a desire to be hypnotized.

Above all, it must be fully realized that susceptibility to hypnotism is normal. In practice, about 90 per cent are capable of being inducted to some degree of trance. Unfortunately, since its earliest use by primitive people, hypnosis has been endowed with supernatural attributes, magic values, and miraculous significance that still cling tenaciously and deter the recognition of its scientific validity. More-

[1]Walling, G. S., D.D.S., One Sure Way to *Build* Your Practice, ORAL HYGIENE, **40**: 1132-1135 (August) 1950.

over, hypnosis constitutes a challenge to complacency and smug self-satisfaction. This threat to time-established beliefs tends to arouse the same antagonisms and defensive attitudes that oppose and delay every new development. Because of such reactions, hypnosis has been subjected to unwarranted condemnation, misrepresentation, distortion, abuse, and exploitation.

It does not require years of study to become a hypnotist, for this phenomenon is a natural ability possessed by virtually everyone and capable of being developed by almost all who will devote patience, energy, and understanding to the study. However, proficiency comes only through constant practice.

For dentists who wish to treat patients who can come to the office without fear and after a full night's rest, hypnosis may provide an ideal method. Instead of a near-hysterical, flinching, screaming person who may faint or vomit, one is more likely to greet a friendly, smiling, cooperative, and happy patient who is looking forward to the period of deep relaxation in which he receives dental care. For such a patient the hypodermic syringe holds no terror and preoperative medication is superfluous. Any inherent danger from injection, drug reaction, or untoward response is obviated. Thus the safety factor alone, not to mention comfort, makes the investigation of hypnosis almost mandatory.

Teaching the patient to enter suitable trance states requires more time than the usual office visit, but the subsequent saving in time, effort, and nervous expenditure makes it worth while. Once the patient has been trained, subsequent hypnotic induction follows rapidly merely upon a signal.

Following adequate induction, any type of surgery may be performed with full cooperation and with no discomfort or pain. Moreover, a field may be nearly bloodless unless major vessels are involved and, in addition, salivation is controlled and reflexes are inhibited. In instances of pregnancy, cardio-vascular disease, and other hazardous conditions, a safety factor which is otherwise unavailable is afforded. While this may seem almost incredible or greatly exaggerated, these advantages become commonplace in the experiences of the adept.

For those whose only acquaintance with hypnosis has been gained through horror stories on the screen and radio, it will be difficult to believe that hypnosis is without danger; is incapable of being used for criminal or immoral purposes; and never jeopardizes self-control, will power, or normal character and emotional patterns. However, all research and experimental evi-

dence prove that these are the facts.

After a patient has been trained to enter a medium or deep trance, suggestion produces a loss of the sense of touch (anesthesia), of pain (analgesia), and of temperature (thermoanesthesia). Such a state may be relative and the subject may attest to a diminished rather than a total loss of sensation. But, with persistence, it is possible to obtain complete sensory loss in the majority of patients. Any selected part of the body may be anesthetized. With drug anesthesia there is usually some degree of postoperative shock which seems to be absent following hypnotic anesthesia. Moreover, the rate of healing appears to be accelerated.

If a patient can be affected by anesthesia, he is also capable of being influenced by posthypnotic suggestion. Thus, analgesia may be extended almost indefinitely so that subsequent pain is controlled. Moreover, upon a given signal, analgesia may be re-established either with or without sleep. This, of course, is practical and desirable where postoperative pain is expected or further dental treatment is needed.

In summary, it might be stated that:

(1) Hypnosis is a natural state which may be induced in the great majority of patients.

(2) The employment of hypnotic states is without danger or after-effect.

(3) It is available without need of new equipment or special personality and mental endowments.

(4) It is a tremendous aid in the practice of dentistry and an aid to both patient and dentist.

(5) Through its employment, analgesia, anesthesia, better surgical fields, and control of postoperative pain and hemorrhage, may be achieved.

(6) The benefits of necessary dental treatment may be extended safely to conditions now beset with danger.

(7) The profession may be stripped largely of its association with fear and pain.

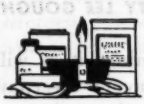
(8) The difficulties experienced by hypersensitive patients in adapting themselves to intra-oral dental appliances may be lessened greatly through hypnotic education and demonstration.

(9) Hypnosis is a scientific modality worthy of acceptance, an art worthy of practice, and a method whereby the dentist can fulfill his obligation to a greater extent by considering his patient's comfort and safety.

(10) The patient's appreciation of hypnosis may strengthen his loyalty to, and his recommendation of the dentist to prospective patients.

(11) Only ignorance, superstition, jealousy, and fear of anything new can prevent general acceptance of hypnosis in general and special dental practice.

Tenth and Court Streets
Pueblo, Colorado



TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

Plastic Study Models

BY RAYMOND K. HYDE, D.D.S.



Record models may be easily made before extracting the six anteriors for an immediate denture. Take impression in alginate or hydrocolloid. Dry thoroughly.



Dip powder mounder (a long tube with bulb on end) into bottle of tooth-colored plastic powder, and pull plastic into tube.



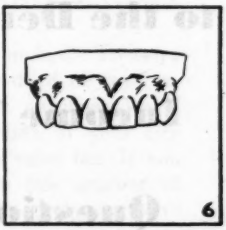
With eye dropper, fill tooth molds 1/3 full of plastic liquid.



With powder mounder, carefully add powder to liquid in impression until it mounds. With brush moistened with liquid, mold the powder to labial and buccal walls, keeping it out of the interproximal spaces.



Measure 20 cc. of pink powder in graduate. Mix in jar with 12 cc. liquid (75°). Pour into impression. It is not necessary to box impression.



The result is a good natural-colored model which may be shown to patient and filed for record with tooth mold and shade notations.



Answers to the Dentists' Income Tax Questions

BY BETTY LEE GOUGH

CORRECT information will help the dentist avoid overpayments and guard against taking deductions that are not allowed, and which lead to later penalties and fines. Here are common questions put to tax advisors by the dentists, together with authoritative answers that can help you pare down your tax bill:

Q. My office is run as a partnership. Are there special forms which we must file?

A. Ask the local Collector of Internal Revenue for Form 1065. This is not an income tax return; but it must be filed to furnish information against which the Collector can check the individual returns of the partners. Each partner must fill out Schedule E on his Form 1040 tax return.

Q. The partners are paid salaries. The rest of the receipts remain the partnership bank account. Do we pay tax only on our salaries?

A. No. Each partner must report not only his salary, but also his full share of the office profits. Conversely, he can report his prorata share of any loss the partnership sustained.

Q. Do I have to keep books in any special form?

A. All the government demands is that you *do* keep books, and that the books are accurate enough to indicate what the collectors term

Knowing the answers to important income tax questions can save you money at tax-paying time.

the "true income" from your practice.

Q. In setting up depreciation tables for my equipment, how long should I carry them?

A. For the reasonable life of the equipment. One item may have a life of five years, another fifty. If you figure on the true useful life of the piece, the government will not quarrel with you.

Q. How much of my office overhead may be deducted?

A. All of it. The Bureau of Internal Revenue allows "reasonable salaries and wages, interest on indebtedness, taxes on business (including Social Security taxes imposed on the employer) and taxes on business property, losses arising from business operation, bad debts arising from sales and services, depreciation, obsolescence, depletion, rents, repairs, *and other expense.*" You can include fees you paid for outside advice and services, labor, and even premiums on your professional insurance. Any legitimate overhead item may be deducted.

Q. May I deduct membership in the Chamber of Commerce?

A. Where a membership is a professional obligation or advantage, membership dues may be deducted.

Q. What about the cost of subscriptions to professional magazines?

A. Take the deduction.

Q. My office insurance is carried in a mutual company. Are my dividends taxable?

A. No. They do not have to be reported at all. Tax-wise, dividends are a return of income, not an addition to it.

Q. I sold some corporation securities at a loss. Am I allowed to deduct the loss?

A. Yes. Since a dentist is rarely in the investment business, any losses may be deducted directly in figuring adjusted gross income.

Q. What taxes may I deduct?

A. When it comes to taxes upon your office just about every one but Federal income tax is deductible. As for personal deductions by dentists who use the long Form 1040, the Treasury notes that, "deductible taxes include state and local income taxes, personal property taxes, real estate taxes, and certain sales taxes."

As a rule of thumb, the Treasury figures that one-third of your income was spent on items where sales taxes applied, if your city or state levies a sales tax. If you paid more than this amount of sales tax, keep the receipts to prove it.

Gasoline taxes are deductible as a personal expense except in California, Louisiana, North Dakota, Utah, Wyoming, and Hawaii.

Q. During the year, I made an even exchange of common stock

in one corporation for stock of another. What does the transaction do to my tax return?

A. Did you gain or lose on the trade? Check the market quotations of the two stocks at the time the trade was made. If you lost, you can deduct it as a capital loss, provided you held the securities longer than six months. If your exchange showed a profit, you must pay tax on the gain. If the securities which you traded had been yours for six months or longer, it is a capital gain. Otherwise, it is regular income.

Q. I bought single premium insurance and borrowed the money in order to save by paying the insurance company in a lump. Can I deduct interest on this bank loan?

A. No. Most interest is deductible, but not this. Interest payments on loans to buy tax-exempt securities are likewise nondeductible, as well as interest payments made for another person where you yourself are not obligated to repay the loan.

Q. May I deduct mortgage interest on my building?

A. Yes. Also on loans made to purchase equipment, fixtures, or even supplies. The same holds true for personal deductions. If you elect to use the long form and itemize your personal expenses instead of taking the blanket deduction the government allows, you can deduct interest on your home, on any personal property such as car or refrigerator, or on a personal note at the bank.

Q. How would I handle interest on a house I own and rent out?

A. Since the house produces income, deduct the interest in arriving at a *net* rent received. Be sure to show the gross income, however, and then figure the net as part of what the tax form calls "adjusted gross income."

Q. I won a $100 *bond as a prize in a civic club bond-selling drive. Must I report it as income?*

A. All prizes count as income. If the club had given a television set as prize, then the regular market value of the set would have to be reported on the tax return.

Q. Last year I donated some old office chairs to a church for its rummage sale. May I deduct this?

A. Contributions can consist of things as well as money. Put a fair valuation on what you donated, and the Treasury will allow it as a legitimate item of contributions expense.

Q. What about the check I sent to the Boy Scout drive?

A. If your office sent the money, deduct it as a business expense. If you paid out of your pocket, you can include it only if you itemize personal expenses on the long form.

Q. Is there any limit on what constitutes a charity or church contribution?

A. There is. First, it has to be a bona fide organization such as the Boy Scouts, Community Chest, YMCA, or church. In general, you cannot deduct the value of personal services donated to a cause. Nei-

ther can you deduct charitable gifts to an individual, nor contributions to any political party.

Q. How about the gasoline I used making calls for Red Cross contributions?

A. It is deductible.

Q. My place burned down during the year. Originally, it cost $10,000. *It was insured for its current value,* $15,000, *and I used the insurance payment to buy a new building. Is the* $5,000 *"gain" taxable?*

A. In your case, no. However, if you had pocketed the $5,000 you "gained," or if you had spent it on something else, you would have to pay the government its share. Since the money was used to purchase a building of the same true value, there is no tax liability.

Q. How does the medical expense feature operate?

A. It doesn't—unless you use the long form to itemize personal expenses. Here is the way to figure it:

First, add up all medical expenses. Include physician and hospital bills, medicines, eyeglasses, hearing aids, crutches, travel to secure medical care not obtainable at home, nursing (count the nurse's board as well as her salary), other dentists' fees, hospitalization insurance; anything connected with medical care. Then deduct 5 per cent of your adjusted gross income from the total medical expenses. If anything is left, you can claim it after duly itemizing the expenses and indicating the portion that exceeds 5 per cent.

Q. Can I depreciate the home in which I live?

A. Not unless you rent out a portion of it. Then part of the expenses and depreciation may be charged against the rent you receive.

Q. I live in the same building that houses my office. Can I depreciate it on the tax schedule?

A. Only the portion of the building in which you carry on your practice.

Q. I belong to a local country club. Are the expenses deductible?

A. If you can prove that membership is a definite professional asset to you, then the Treasury Department will allow the deduction. But if you joined for pleasure, forget about the expense as a tax deduction.

Q. When may I claim a bad debt?

A. "For a debt to be worthless," the Treasury has pronounced, "it must not only be uncollectable, but must also appear to be uncollectable at any time in the future. Bad debts must be shown to have existed in fact and in law. A taxpayer cannot claim a bad debt deduction if there were no legal liability to pay."

On the tax return, the Treasury Department wants you to list (1) the nature of the debt; (2) name of the debtor and his relationship to you, if any; (3) when the debt

(*Continued on page* 1803)



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

NINETY-SIX PER CENT HAVE IT!

WE NEED no powers of prophecy to see that the pattern of dental treatment in the armed forces will probably be similar to that used in World War II. That was the method of speed-up and mass production.

On the day that President Truman announced by proclamation the procedures for the Selective Service registration of dentists and physicians under 50, the *Chicago Tribune* carried a story with the headline "Find Nearly All Recruits Need Trip to Dentist; Only 4 Per Cent of New GIs Have Sound Teeth." The story was based on an interview with the senior dental officer at one of the Army reception centers.

The breakdown of dental need was given for the group of 18-year-old unseasoned troops:

39.5 per cent in Class I (where immediate extraction and care for infection was indicated)
39.1 " " " Class II (where restorations are necessary)
17.4 " " " Class III (where dental disease exists but no immediate or emergency treatment is necessary)
4 " " " Class IV (free from dental disease)

These figures, although appalling, are no surprise to dentists. We have known for years and every study has indicated that the incidence of dental disease is about 96 per cent among late adolescents and young adults. The American Dental Association has time and again emphasized the need for prevention and treatment programs for children. Here and there in the country there have been valiant efforts on the part of dental societies, school officers, and enlightened parents to establish sound dental health programs for children. Most of these programs have been sparingly financed.

Although the American Dental Association has pleaded for a comprehensive dental research project as part of the activities of the U. S. Public Health Service, there has been a coy indisposition on the part of the Congress to appropriate sufficient money for the undertaking. Three times—in World War I, World War II, and now—the country has been aghast to learn of the widespread nature of dental disease among recruits for military service. It seems to take a war to convince the American public that dental caries is the most common disease among young adults.

The *Chicago Tribune* quotes the Army dental officer as saying that he "was at a loss to account for the high rate of those needing dentistry among recruits. Heredity, proper diet, and dental care are some factors, he said, but that every time he believes he has found a satisfactory theory, other factors upset it." Unfortunately, he does not stand alone in his confusion. All of us dentists are in the same unhappy state.

There is only one way that we can hope to discover the complex nature of dental disease and that is by sustained and adequately financed research. The amount now spent for dental research is inconsequential compared to the amount spent for studies in the degenerative, malignant, and infectious diseases. Until we raise our sights and consider the economic, social, and military implications in dental diseases for the entire Nation, we will be compelled to continue to treat those conditions by the empiric methods at our command.

Experience sustains our demand that any research project in dental disease be under the supervision of dentists. All the biologic and physical sciences must be mobilized to work together in a national dental research project, but the top command must be within the dental profession. We have too often seen dental research smothered and funds diverted to other purposes when the man at the top was unsympathetic to or ignorant of dental problems.

Ninety-six per cent of the American people will continue to have dental disease until the scientific disciplines discover the causes and *we do something about them.*

Edward J. Ryan

Dentists in the NEWS



New York (New York) Times: Major General Lewis B. Hershey, director of Selective Service, has announced the recent appointment of Brigadier General Louis H. Renfrow as deputy director of that organization, following Renfrow's resignation as special assistant to retiring Secretary of Defense Louis Johnson.

During the last war, General Renfrow, also a dentist, served as chief legislative and liaison officer for Selective Service and as assistant military aide to the President.

Dallas (Texas) Morning News: Doctor Charles L. Hatcher of 1103 Cedar Hill, has returned recently from a six-week tour of Europe and the United Kingdom with fifty American Air Cadets. As director of training for the Texas wing of the Civil Air Patrol, with the rank of lieutenant colonel, the Dallas dentist served as public information officer for the delegation of American flying cadets abroad.

During the summer, the CAP, an auxiliary of the United States Air Force, sponsored an exchange of air cadets between this and various nations. Ninety cadets from five foreign countries visited the United States. Doctor Hatcher said the American group included one cadet from Alaska, one from Hawaii, one from Puerto Rico, and forty-seven from the United States. They were flown across the Atlantic by the Air Force's military Air Transport Service and were "entertained most royally" by several European governments, Doctor Hatcher reported.

Boston (Massachusetts) Post: Abandoning dentistry after 2½ years of practice, Doctor Joseph J. Carroll of Arlington, Massachusetts, is entering the priesthood. With his brother, Norman B. Carroll, a June graduate of Keith Academy, Lowell, the young dentist will join the order of the Franciscan Friars of the Atonement, better known as the Graymoor Friars. The only children of Mr. and Mrs. Joseph Carroll of Lowell, they will begin their studies at St. John's Seminary in Montour Falls, New York.

San Diego (California) Evening Tribune: A 27-year-old graduate of the School of Dentistry of the College of Physicians and Surgeons in San Francisco is the first winner of the American Dental Association's new fellowship in oral pathology, according to a recent announcement by the San Diego County Dental Society. Doctor Francis V. Howell of Pacific Beach started his new academic training at Georgetown University Medical and Dental School and at the Armed Forces Institute of Pathology in Washington on September 15.

The fellowship provides $3,600 for a year to enable Howell to carry on teaching and research at the Washington institutions. It also leads to certification by the Board of Oral Pathology to practice this dental specialty.

New York (New York) Times: After sixty-two years of dental practice, 89-year-old Doctor William H. Pruden shrinks from the thought of retiring.

He opened his first office in Paterson, New Jersey in 1888, right after his graduation from New York University. Doctor Pruden's records show that he has had more than 125,000 patients, including the late Garret A. Hobart, vice-president of the United States, and Billy Sunday, the evangelist, who was seized with a toothache during one of his revival meetings in Paterson.

The dean of the New Jersey dentists lives in Ridgewood. He is up at 7 o'clock every morning and works from 8 to 4 p.m., except on Wednesdays when he visits friends who are ill.

Doctor Pruden's hobby is fishing and hunting in Canada. His friends say his sight is still keen and he has a steady hand with rod and gun.

Kansas City (Missouri) Star: The cold Churchill River country of Hudson Bay, Canada, was the site of Doctor O. K. Leabo's vacation this year. The Kansas City sportsman-dentist who landed a 586-pound tuna off the coast of Nova Scotia in August 1949, tried whaling this time, and harpooned a 1,800-pound white whale. Doctor Leabo



and his friend and guide, Art Rushmer, set out in one canoe, with two Eskimos in another. The canoes were 22 feet long and powered by 10-horse outboard motors. Only a short distance out in the bay, the party saw white whales surfacing. Doctor Leabo stationed himself in the bow of his canoe, hands on harpoon to which was attached a rope tied on an empty oil drum. The first toss of the harpoon was unsuccessful, but the second attempt was the "killer"—a much larger whale than the one that escaped. Fifteen feet from his target, the Kansas dentist threw with all his strength and hit perfectly. He dumped the drum overboard and held on to the attached rope. Twenty minutes later the whale had tired itself out, and was pulled close to the boat. Doctor Leabo then fired the fatal shot with a 40-gauge rifle. Measuring 13½ feet, the mammal was sold by the guide to a whale processing company for $13.50.

Sidney (Ohio) Daily News: With an ordinary jackknife and thin pieces of wood, Doctor C. C. Keith is keeping the pledge he made to himself as a youth when he vowed never to waste time in his later life. The retired Hastings, Nebraska, dentist "paints" landscape scenes in the living room studio of his home, where he works on a large round table before two large windows. Doctor Keith's first picture, an ancient castle surrounded by trees and shrubs, has an area of only 6 x 12 inches; yet it required 800 small pieces of wood and six months' time to complete. It is comprised of 100 different kinds of natural woods.

First, the vivid color of the various woods and their careful matching are considered by Doctor Keith, who then glues the cut pieces of burl in their proper places. Then the picture is sanded and shellacked. As a diversion, Doctor Keith alternates his exacting art with gardening.

Tampa (Florida) Morning Tribune: Doctor John H. Dougherty, 727 West Seventh Street, Los Angeles, contributed recently to the efforts of the Assistance League of Southern California in a unique non-professional way. Through arrangements made by the League's loca-

tion bureau, the dentist granted the use of his colonial Flintridge, California, home as the background for the filming of a wedding scene in a current moving picture. The Assistance League, a social service organization, receives half of the fee paid by the moving picture studios for this service and through its philanthropic fund, the money is used for its nursery and youth club programs.

McCall's Magazine: The well-ordered household of Doctor Thomas W. Palmer in Tuckahoe, New York, was the subject of an interesting article in the September issue of *McCall's Magazine*. The eight Palmer children, with the exception of baby Paul and three-year-old Richie, share the routine chores and everything is systematized. Mrs. Palmer washes daily and irons once a week, and Doctor Palmer is the meat buyer. He buys large quantities which he stores in their home freezer. School lunches are prepared on an assembly-line plan. On Saturday, sandwiches for the week are made and frozen; and every morning a sandwich is packed in each lunch box with a carrot, an apple, a cookie, and a thermos jug of cocoa.

Despite the smooth planning, however, Dolores and Tom Palmer have learned to accept the inevitable accidents which they recount now with a chuckle. Such an incident was the time one errant Palmer put a bushel of tomatoes in the washing machine and turned it on, splashing tomato puree "all the way up the hall stairs." But it was much worse, the Tuckahoe dentist recalls, "the day they broke the bottle of cod-liver oil over the rugs in the front hall."

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Olive R. Owens, 224 North Main Street, Sidney Ohio.
W. S. Head, 688 South Mollison Avenue, El Cajon, California.
June Gregg, Box 105, Bainbridge, Ohio.
Mrs. W. H. Matthews, 4506 Swiss, Dallas 4, Texas.
Mrs. Louise F. Currier, 17 School Avenue, Bedford, Massachusetts.
Mrs. John W. Richmond, 5341 Mission Woods Road, Kansas City, Kansas.
Theodore Katz, D.D.S., 2802 Grand Concourse, New York 58, New York.

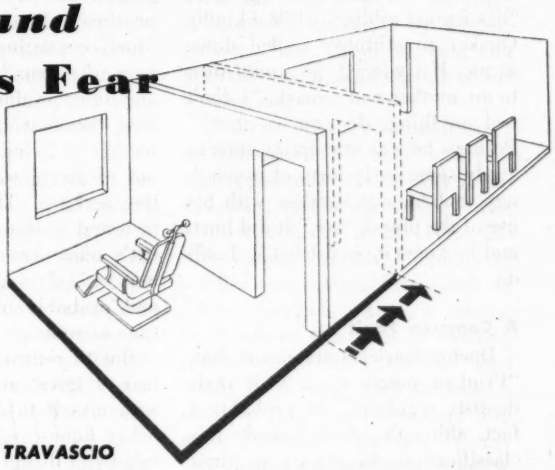
CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

IF YOU ENTER MILITARY SERVICE

IF YOU ARE CALLED to military service, please be sure to send us your new address, and address changes as they occur, so that we may continue to send you ORAL HYGIENE. Please address ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

More Room *and* Less Fear



BY M. A. TRAVASCIO

Patient justifies his dread of dentistry as a natural reaction.

RECENTLY I overheard a conversation between my dentist and a colleague who were discussing Doctor Garleb's article, WHY PEOPLE POSTPONE DENTISTRY, published in ORAL HYGIENE.[1] I decided to read it myself and find out how much dentists know about what goes on in the mind of a dental patient.

Doctor Garleb's reasoning hit me right between the eyes. This is not because I agree with him entirely, but because I am one of those fearful citizens who believes the members of the dental profession are fine men—just so long as they keep their hands in their pockets. But when they reach for their instruments and suggest that I "open wide," my opinion reverses itself completely.

When Doctor Garleb says, "Fear . . . is a hangover from fifty years ago;" I take exception. I was not here a half-century ago but, to me, sitting in the most deluxe dental chair produced today is comparable to toying with a boa constrictor. Maybe nothing painful will happen but the unpleasant possibilities are there, nevertheless. I have held fast to this conviction

[1]Garleb, C. W., D.D.S.: Why People *Postpone* Dentistry, ORAL HYGIENE **40**:1288-1291 (September) 1950.

since 'way back when I was accompanied to the dentist by my mother. I still remember sitting there "like a good soldier" while a kindly Quaker practitioner smiled down at me. If I winced, he would turn to my mother and remark, "I don't feel anything, do you, mother?" Perhaps he was attempting then to apply some early form of psychology, but he was careless with his use of the plural, "we." It did hurt, and he knew it. And I felt it. I still do.

A Common Fault

Doctor Garleb's statement that, "Prudent people . . . visit their dentists regularly," is probably a fact, although others outside this classification do attend to their teeth with fair regularity. To make it more personal, I plan to return to my dentist exactly six months from the time he completes my current needs. But a half-year later I know I will say to myself, "Nothing seems to bother me now; I'll call Doctor So-and-So later." A month or two will pass without my taking any action. Then finally I'll put through the call.

I excuse this procrastination because it is the pattern followed by so many normal human beings. This would be a dull world if we all responded like well-oiled alarm clocks. Some years ago I had to live for several weeks with one of those "prudent" people about whom Doctor Garleb wrote. This person had an exact time to get up in the morning; an exact time to retire. Eating and drinking were not pleasures to be enjoyed, but simply processes of stoking the body with "fuel" consisting of a proper balance of greens, fresh meat, fruits, and dairy products. Perhaps this is how "prudent" people attain perfection in living, but it took a lot out of me to watch perfection in the making. The not-so-prudent men and women who visit the dentist's office vary his routine and make his days more interesting—and probably build up his chair time as well.

But to return to the subject of fear. I have, at times, sat down with myself to determine if I am being honest in claiming a fearfulness of dental treatment. I have come to the sincere conclusion that I am not kidding myself, but during these I-to-me bull sessions I also discovered that there are some interesting factors that contribute to the activation of butterflies that flit about my stomach as the dentist starts to operate in my mouth. Strangely enough, I believe the room in which many dentists locate their chairs has something to do with it.

Blames Operating Room

Perhaps I should explain myself more fully. During my lifetime, I have visited only three dentists professionally and, in each instance, these men worked on an appointment basis. They established a time for you to call, and you could

depend on being in the chair within five or ten minutes of the specified hour. There were never crowds in their reception rooms; patients came singly as their individual appointments were due. And these dentists are not "downtown" specialists.

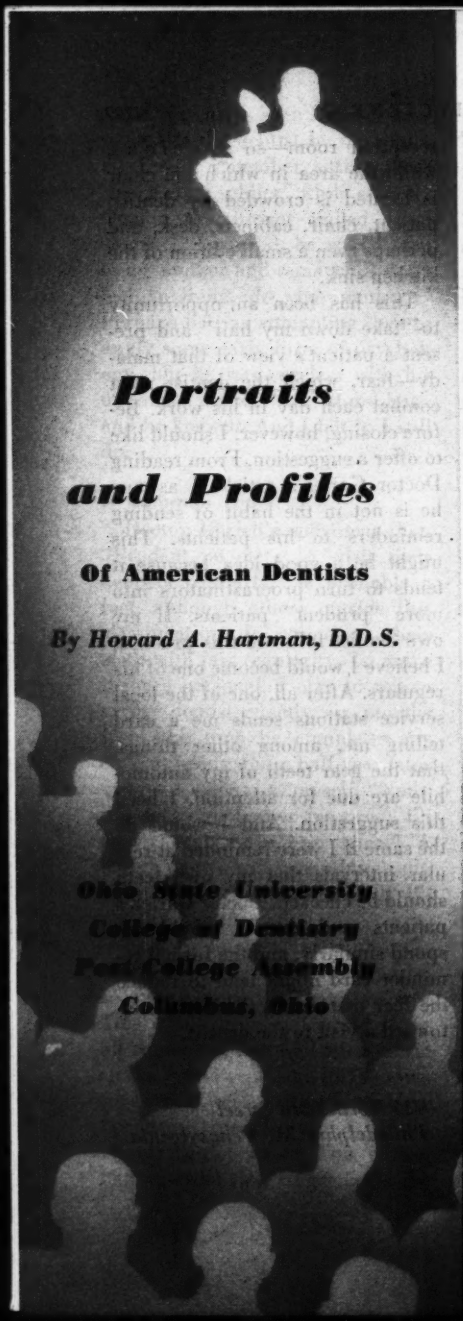
This is why I mention these details: Each of these men located his chair in an operating room in which a small boy could not swing a tiny kitten without bashing its head against all four walls. Yet, these dentists had reception room space large enough for a "ladies' aid" meeting, although the space was rarely occupied by more than a lone waiting patient.

Now, how does this contribute to my fear of dentistry? Well, when I walk into the operating room and sit in that unyielding chair, I am convinced my time has come. But when two hands armed with mirrors, burs, and whirling cables attempt to enter my mouth at one time, even the walls seem to close in for a better look. It is not claustrophobia. I have checked into that. In fact, airplane stewards tell me that folks who fly regularly from coast to coast without a moment of anxiety will suddenly grow tense when a safety belt is hooked across their mid-section. I understand their feelings.

Why is a room that serves only one or two patients at a time—the reception room—so s p a c i o u s, while the area in which the chair is located is crowded by dentist, patient, chair, cabinets, desk, and perhaps even a small edition of the kitchen sink.

This has been an opportunity to "take down my hair" and present a patient's view of that malady—fear, which the dentist must combat each day in his work. Before closing, however, I should like to offer a suggestion. From reading Doctor Garleb's article, I assume he is not in the habit of sending reminders to his patients. This might be a good idea because it tends to turn procrastinators into more "prudent" patients. If my own dentist followed this practice, I believe I would become one of his regulars. After all, one of the local service stations sends me a card telling me, among other things, that the gear teeth of my automobile are due for attention. I heed this suggestion. And I would do the same if I were reminded at regular intervals that my own teeth should be checked. Doctor Garleb's patients undoubtedly would respond similarly, and the formal reminder card might tend to reduce the fear that delays the initial step toward a visit to the dentist.

934 *North* 63*rd Street*
Philadelphia 31, *Pennsylvania*



Portraits and Profiles

Of American Dentists

By Howard A. Hartman, D.D.S.

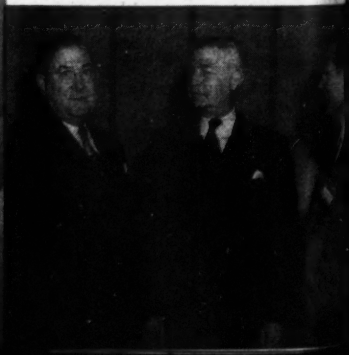
Ohio State University
College of Dentistry
Post College Assembly
Columbus, Ohio



William C. Stillson of Clevelan (left), faculty member, School o Dentistry of Western Reserve Un versity, greets Stephen G. Applegat Detroit, of the School of Dentistr faculty at Detroit University.

★

Shown at the Ohio State Post Co lege Assembly are: (left to righ Dick P. Snyder, Professor of Or Surgery; Kurt H. Thoma, Bosto Editor of Oral Surgery, Oral Me cine, and Oral Pathology; *and Fre A. Rowden, La Junta, Colorad*





Left to right: Gaylord J. James, Cleveland; Alfredo G. Jaranilla, Lloilo City, Philippine Dental College; Luis G. Jaleco, Philippine National University; and Alfredo M. Penafiel, Philippine Dental College; at the Post College Assembly.

Left to right: Carl O. Boucher, Director of the Division of Dental Technology; Earl G. Jones, Columbus, Secretary of the Ohio State Dental Association; Carlos H. Schott, Cincinnati, Past Trustee of the American Dental Association; at Post College Assembly.





Pictured at tl.e Ohio State University College of Dentistry Post College Assembly in Columbus are (left to right): Clyde H. Hebble, Professor of Operative Dentistry at the University and General Chairman of the Assembly; Colonel Joseph L. Bernier, Secretary of the Registry of Oral Pathology, Armed Forces Institute of Pathology; and Victor L. Steffel, Columbus, Professor of Prosthetics and Program Chairman of the Post College Assembly.



At the New York State Dental Society, New York City, are, left to right: Charles A. Pankow of Buffalo, President-elect; John H. Carter, Cohoes, New York; and T. J. O'Connell of Ithaca.

(*Continued from page* 1791)

was incurred; (4) when it became due; (5) what you have done to collect it; and (6) how you decided it was worthless.

Q. What about a case in which a patient pays part of what he owes, and neglects the rest?

A. The uncollected portion of the debt may be claimed as a deduction, during the year when it became uncollectable.

Q. Last year, I wrote off $100 *bad debts on my tax return. This year, one of the debtors paid* $50 *What must I do about it?*

A. "Bad debts," says the Treasury Department, "are sometimes paid long after the taxpayer has forgotten them. If a deduction had been taken when the debt was written off, the recovery of the debt is miscellaneous income to the extent of any tax benefit previously secured."

Q. I have one office in the city and another in a nearby suburb. Can I deduct travel between the two?

A. The Treasury says: "Where a professional or business man travels between his principal place of business and a minor place of business in another city, he may deduct cost of such travel, provided the trips are necessary for the purpose of discharging business at both locations."

Q. I own some property in a distant town, and I travel there to supervise it. Can I deduct that travel expense?

A. Only if the property produces income. Take off the travel expenses to arrive at a *net* income from the property. If this is office income, compute it in arriving at the "adjusted gross." If the property produces extra personal income, you can compute the expenses only when itemizing on the long form.

Q. When I travel for the purpose of carrying on my practice, are my meals and hotel rooms deductible?

A. The Bureau of Internal Revenue not only allows meals and lodgings, but incidental travel expenses as well. Tips are an example.

Q. I frequently go up to the state capital on business and drive back the same day. Can I deduct this?

A. The Bureau of Internal Revenue frowns on claiming an expense like this as "travel," but it notes that "the cost of *transportation* (in the case of one-day travel) may be deducted as an ordinary professional expense." Meals and lodging on a one-day trip are living expenses, however, and cannot be claimed.

Q. What must I put down to prove travel claims?

A. The Treasury says, "You are required to attach to your return a statement showing the nature of your business, number of days away from 'home' during the taxable year on account of your business, total amount of expense for meals and lodging, and total amount of 'other expenses' incid-

ental to travel."

Q. I went to the convention of a professional society last year. Is this expense counted as "business travel?"

A. It certainly is.

Q. From there, I went on to Chicago. How about that further travel expense?

A. If you had professional affairs to transact in Chicago, yes. Otherwise, no.

Q. Can I claim the expense of my wife who came with me?

A. No. Unless she has a hand in running your office, and you can prove her presence at the convention and later in Chicago was necessary.

Q. My home is in a suburb. I have to drive 18 miles a day to my city office. Can I deduct this, since it is necessary to the earning of an income?

A. No. The government feels that your choice of a home location is for convenience. If you want to be in a suburb, travel to and from home is not deductible.

Q. I drive my car part of the time for professional calls, part of the time for pleasure. Are its expenses deductible?

A. Only to the extent that you and your assistants drive it in the process of earning your income. First, determine how much of the mileage is "business travel." If you totaled 10,000 miles during the year, and 1,500 of them were on professional calls, then 15 per cent of the expenses are deductible. Take off 15 per cent of the upkeep, repairs, gasoline, and other direct expenses; then charge 15 per cent of the yearly depreciation.

2710 *State Street*
New Orleans 18, *Louisiana*

PUERTO RICO PLANS NINTH DENTAL CONGRESS

THE COLLEGE of Dental Surgeons of Puerto Rico will celebrate its Ninth Annual Convention January 26 to 28, 1951, in the new Hotel Caribe Hilton in San Juan. Doctor José Vicente, head of the organizing committee, is being assisted by Doctor Juan Font Suárez, Secretary of the College, in arranging a scientific program of unusual interest. Among the professional men who will give lectures and clinics are: Doctor Harold W. Oppice, President of the American Dental Association; Doctor Harold Hillenbrand, Secretary of the ADA; Doctors N. Henry Larson and August Anderson Cavalcanti, of New York; Doctors Templeton and O. Brandhorst, of St. Louis; and Colonel Joseph L. Bernier, of the Institute of Pathology of the Armed Forces of the United States.

ASK Oral Hygiene



Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Pregnancy Gingivitis

Q.—I have a patient, a 26-year-old woman, five months pregnant, whose gingivae in some parts of the mouth bleed profusely. Her saliva is ropy, but there is no soreness of the gingivae.

I applied a mixture of acriflavine and gentian violet on the gingivae for five days in succession, then three times a week for two weeks. Now I am applying it once a week and shall continue to do so. As a mouth wash, I prescribed two parts of sodium perborate and one part of bicarbonate of soda: one teaspoonful in a glass of warm water three times a day. I advised her to abstain from drinking; she does not smoke. I also advised her to use no spices, to keep her bowels moving, to drink a pint of orange juice a day, to eat plenty of fresh green vegetables. She told me that she has never cared for vegetables. She lost no teeth and her articulation is good. There is little improvement with this treatment. However, her gingivae now only bleed during brushing. I removed all calculus.

Could you suggest something that will stop bleeding entirely?—T. M. T., New York.

A.—It seems to me you have handled the case of your five months pregnant patient well, be it a pregnancy gingivitis or a chronic gingivitis that has just come under your care. If it is wholly or partly a pregnancy gingivitis the condition will improve markedly soon after parturition.

The bleeding will doubtless decrease under your good professional treatment if the patient cooperates fully in her home care, but do not be discouraged if it takes some time for the gingiva to become normal. For, if it is a chronic case of long standing, as I suspect, one cannot expect a cure for quite a while.—GEORGE R. WARNER.

Overbite

Q.—Enclosed are study models for a woman of 30 whose two upper central incisors are changing position rapidly. We have checked for habit and find that the upper anteriors rest on the lower lip to such an extent that deep grooves are prominent there.

I advised this patient some months ago to control this lip habit but she has been unable to do so. Is there some exercise or mechanical device which she can use to correct this?—G. J. P., California.

A.—I have discussed your 30-year-old patient's problem with an orthodontist and we agree that the drifting forward and separation of the upper incisors is due largely to

the fact that the bite is so closed, and that the lower incisors are striking the upper incisors at or above the cingulum, forcing them out.

We suggest that you fit this young woman wi h a palate-fitting denture with a flat platform for the lower incisors to occlude against, opening the bite about four mm., and thus throwing the posterior teeth completely out of occlusion.

If she will wear this continuously for several mon hs, the lower incisors will probably be lowered somewhat by intrusion and the posterior teeth will no d ubt elongate, thus correcting considerably the undesirably deep overbite.

The palate-fitting denture with the occluding platform for the lower incisors should cover the cingulum of the six upper incisors to help the palate support the occlusal stress exerted on it by the lower incisors. It would, no doubt, be desirable to tie the upper six incisors into this supporting position with a fine steel wire labial crib, the ends of which can be imbedded into the palatal plate passing from labial to lingual distal to the cuspids.

Soon after the patient has learned to tolerate this open bite splint, it would be well to grind it away gradually a little at a time back of the protruding centrals and force them back and up by crimping the labial wire or by having the patient exert intermittent finger pressure on them. I hope these suggestions may help you.—V. CLYDE SMEDLEY.

Fixed Bridge

Q.—The 37-year-old mother of two children developed a parietal abscess on the lower right first and second molars and they had to be extracted. The other teeth in the immediate area show no periodontoclasia.

I should like to construct a fixed bridge with the lower right second bicuspid and third molar being used as abutments. The third molar is badly tipped mesially and only the distal cusps are in occlusion.

The question is wh ther or not it is feasible to construct a fixed bridge here. If not, what would you advise? All the teeth are present on the lower left side of the mouth.—M. H. S., New York.

A.—It is entirely possible to prepare parallel or near enough parallel gold inlay preparations to function successfully as bridge abutments where the long axes of the teeth are as divergent as these. I have done this in a number of cases. Bu if you doubt your ability to do this, you can make separate inlays for the bicuspid and third molars disregarding the question of parallelism of the preparations with a strong inlocking occlusal rest preparation in the molar to support the distal end of your bridge.—V. CLYDE SMEDLEY.

Saliva Test

Q.—Is there a simple test or analysis of the saliva that could be made by the average dentist in his office to determine the pH? Would a maintained pH of 4.5 call for some action on the part of the patient's dentist? Could the probability of future caries

be predicted on the basis of the pH?—J. W. J., Minnesota.

A.—No, there is not a simple test to determine the pH of saliva. The pathology laboratories have quite a set of tubes and dyes, and with this equipment it may take several days to determine the pH of saliva.

A maintained pH of 4.5 is decidedly acid and would decompose enamel, so in such a case something should surely be done to correct the condition.

As far as I know, one cou'd not predict caries by knowing the pH of saliva.—GEORGE R. WARNER.

Tongue Biting

Q.—My physician has been wearing a partial denture with palatal bar for upper right second bicuspid and first and second molars (unilateral case). The physician has been keeping this in place at night, but upon my insistence has removed the denture for the last month or two. Now he bites his tongue in his sleep. This awakens him and, of course, irritates his tongue.

I advised putting the partial denture back in and this has helped only a little. What can be done to aid him to correct this? Any suggestion relative to this case will be much appreciated.—E. G. S., Illinois.

A.—If I understand your letter correctly, this physician started biting his tongue after you advised him to leave his partial denture out at night, and he now continues to bite it, only at night, even though he keeps the denture in day and night.

My thought is that if he will continue to wear the denture at night he will soon stop biting his tongue. However, if the biting continues, you could prevent it by making a thin plastic tongue protector or shield to be worn only at night. This could be made in the form of a partial splint filling the missing teeth spaces with a thin flange covering the lingual surfaces of both upper and lower teeth which should present a smooth surface to the tongue and prevent it entering the space between the teeth when the mouth is relaxed and partly open.—V. CLYDE SMEDLEY.

Desensitizing Solution

Q.—Do you know of any desensitizing solution which can be obtained for use on anterior teeth? This, of course, is for cervical disturbance. Can you send me some information on this?—C. G. M., Nevada.

A.—Cervical areas on teeth anywhere in the mouth can be most satisfactorily desensitized by the Gottlieb solutions, benzine, or alcohol, followed by naccanol, zinc chloride, and potassium ferrocyanide, or 33-1/3 per cent sodium fluoride (sodium fluoride, white clay, and glycerine—equal parts), without any resulting discoloration of the teeth.—GEORGE R. WARNER.

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

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He: "No."

She: "Then stop stroking me."

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"How's your father coming along with his dairy farm?"

"Grand. He makes all the cows sleep on their backs."

"What's the idea?"

"So the cream will be on top in the morning."

★

"Your grandfather is a little deaf, isn't he?"

"A little? Why, yesterday he conducted family prayers kneeling on the cat."

★

First Inmate—"And what are you doing now?"

Second Inmate—"Buying old wells, sawing them up, and selling them for post holes."

★

Diner—"Waiter, the portions seem to have got a lot smaller lately."

Waiter—"Just an optical illusion, sir. Now that the restaurant has been enlarged, they look smaller—that's all."

★

Policeman (calling up station)—"A man has been robbed down here, and I've got one of them."

Chief—"Which one have you?"

Policeman—"The man that was robbed."

★

"It says here in the paper," observed the elderly gentleman, "that a man is run over in New York every half hour."

"Tsk, tsk!" murmured the old lady. "Poor fellow."

★

Sergeant—"So, you complain about finding sand in your soup, eh?"

Rookie—"Yes sir."

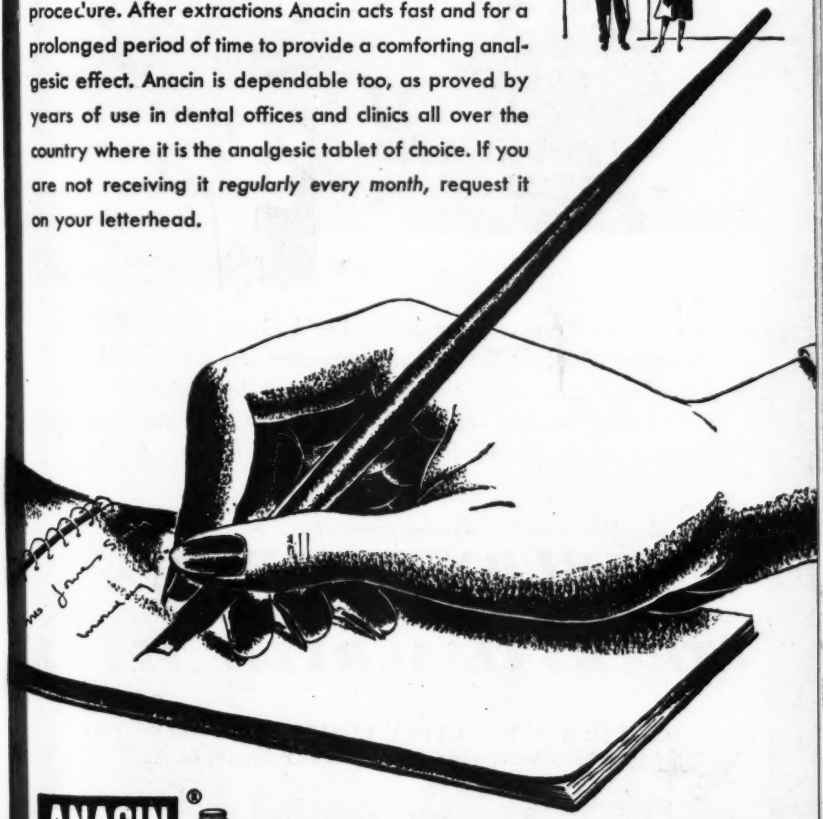
Sergeant—"Did you join the army to serve your country, or to complain about the soup?"

Rookie—"To serve my country, sir—not to eat it!"

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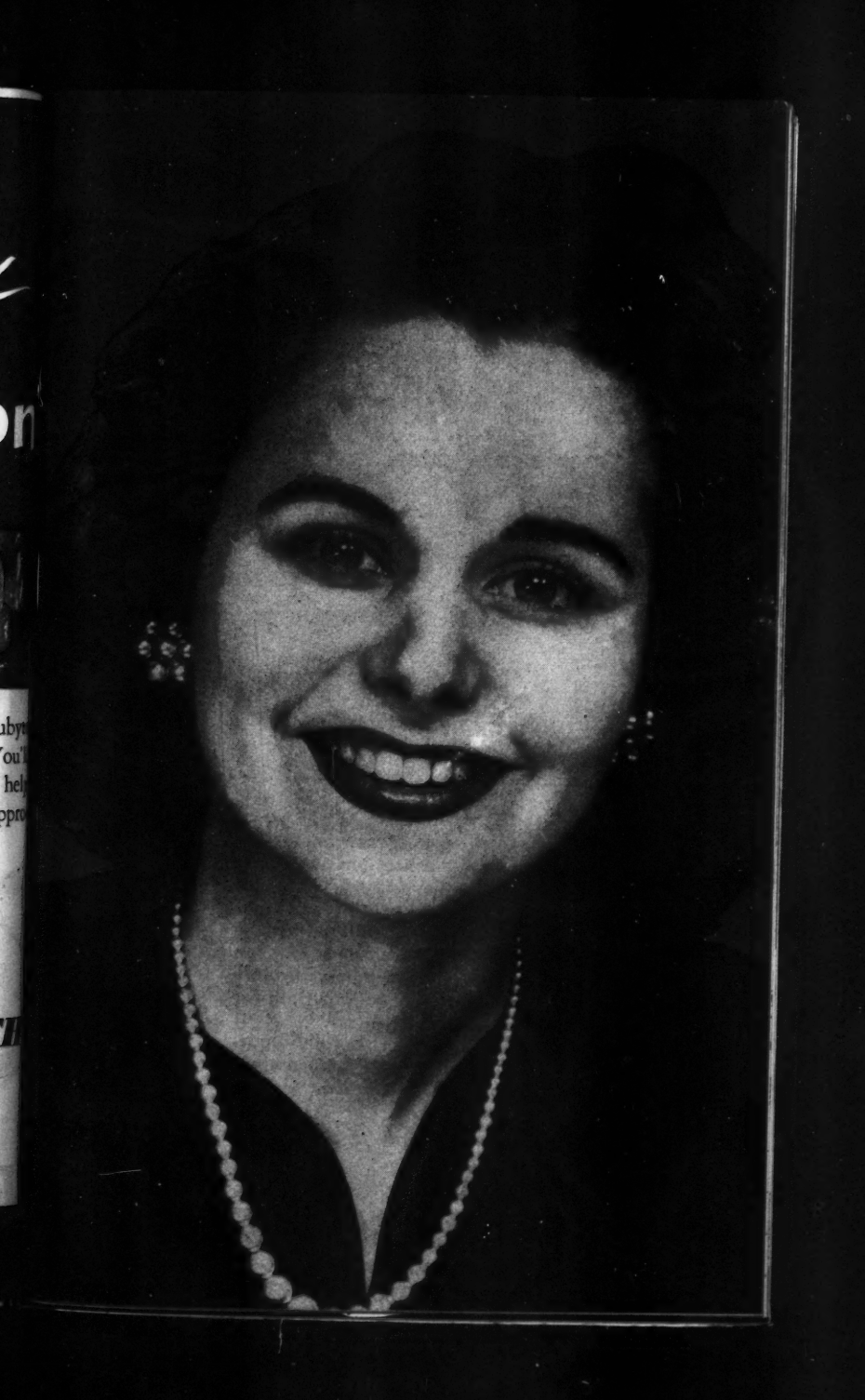
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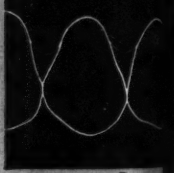
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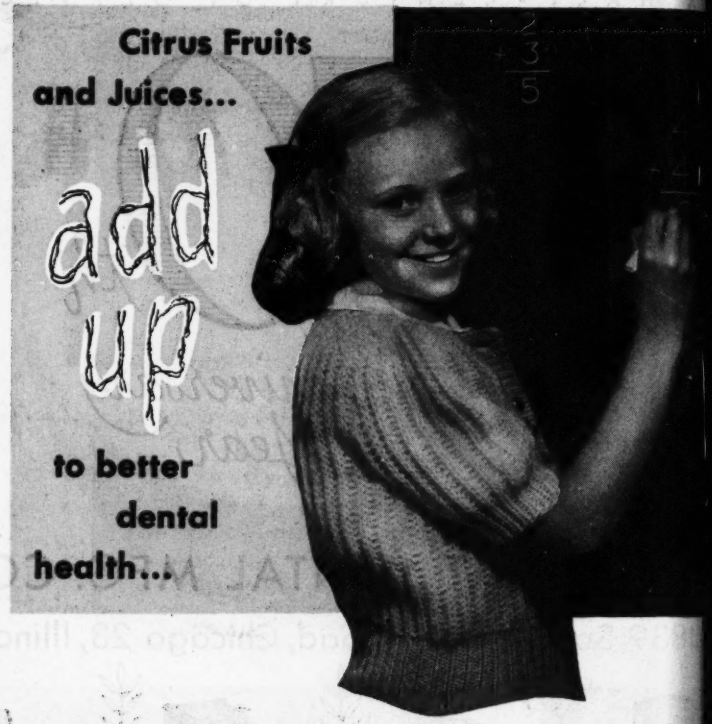
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References: 1. Bridges, M. A.: Dietetics for the Clinician, Lea & Febiger, 4th ed., 1941. 2. Florestano, H. J., et al.: J. Dent. Research, 20:521, 1941. 3. Gordon, E. S.: Nutritional and Vitamin Therapy in General Practice, Year Book Pub., 3rd ed., 1947. 4. Rose, M. S.: Rose's Foundation of Nutrition, rev. by MacLeod & Taylor, Macmillan, 4th ed., 1944. 5. Schnurman, A. G.: Virginia Medical Monthly, 74:21, 1947. 6. Sherman, H. C.: Chemistry of Food and Nutrition, Macmillan, 7th ed., 1946.



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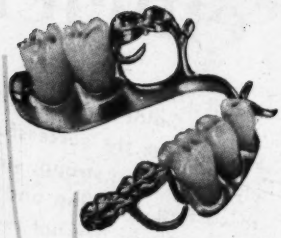
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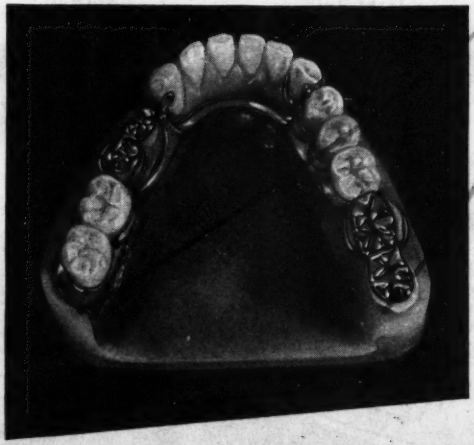


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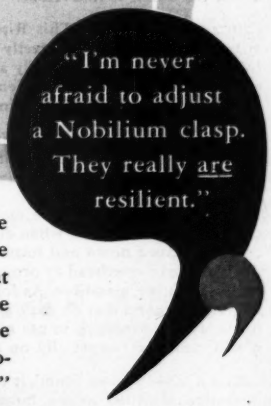
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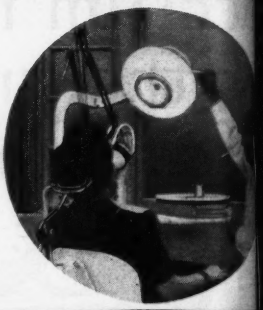
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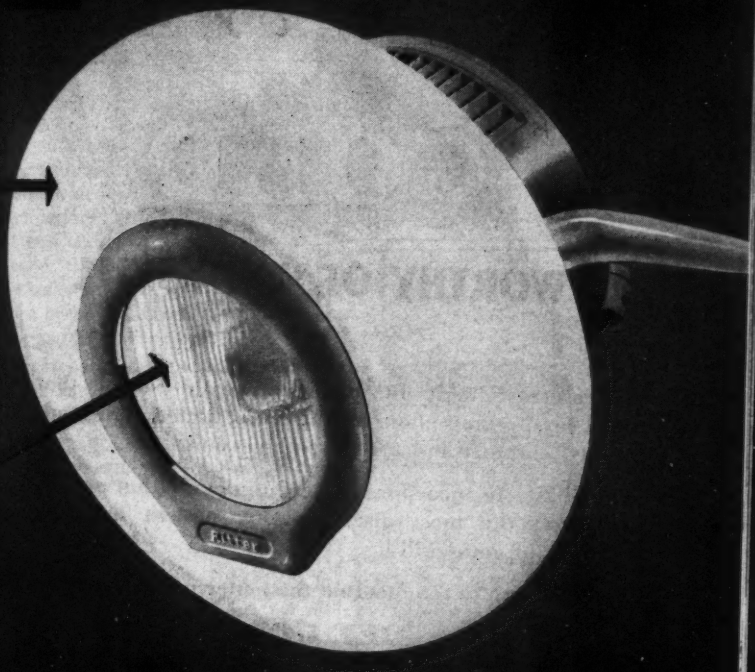
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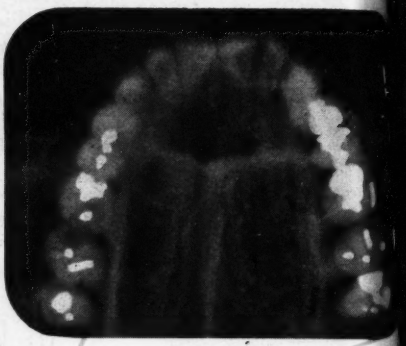
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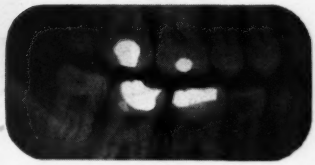
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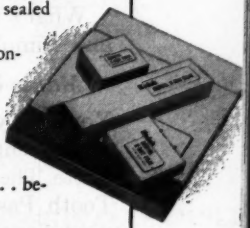
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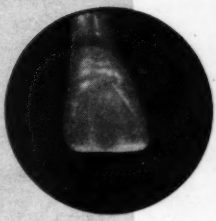


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An extra wide, relatively stiff 4¼" blade makes this spatula valuable for large, heavy mixes of plaster and stone. Handle is green enameled. The blade is firmly fastened by means of a brass pin.

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The only Acrylic Liner in Sheet Form, Fink Liner contains *no solvent* ● Will not warp plate ● Non-Toxic ● Non-Burning ● Tasteless ● Odorless ● Becomes integral part of denture ● Permanent Shelf Life ● Easy as 1-2-3 ● Requires no cellophane ● No mixing ● No processing. Delicate transparent pink blends with any color denture. Satisfaction Guaranteed.

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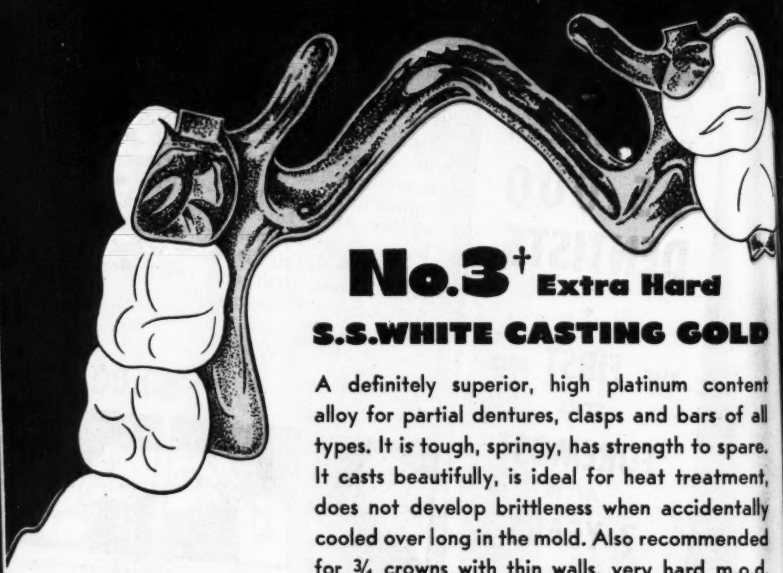
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S.S.WHITE CASTING GOLD

A definitely superior, high platinum content alloy for partial dentures, clasps and bars of all types. It is tough, springy, has strength to spare. It casts beautifully, is ideal for heat treatment, does not develop brittleness when accidentally cooled over long in the mold. Also recommended for ¾ crowns with thin walls, very hard m.o.d. inlays, bridge abutments, etc. Rich gold color. Takes a high polish.

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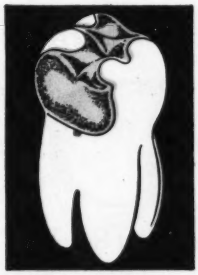
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Only four alloys, yet they will fulfill all your partial denture and inlay needs, and give complete satisfaction because each is a top-grade gold.

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FOR SOFT, TYPE A, INLAYS



No.820*
FOR MEDIUM HARD, TYPE B, INLAYS

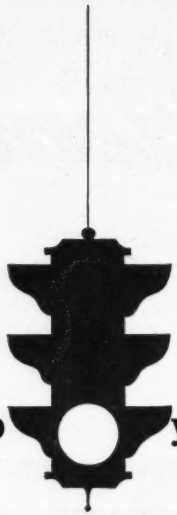


No.13*
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This simple home method of oral hygiene, which has long been highly regarded by the dental profession, was definitely proved to stop more decay for more people than ever before reported in dentifrice history. Equally important, there were no new cavities whatever for more than one out of three who followed the method.

Research Used Colgate Dental Cream Exclusively

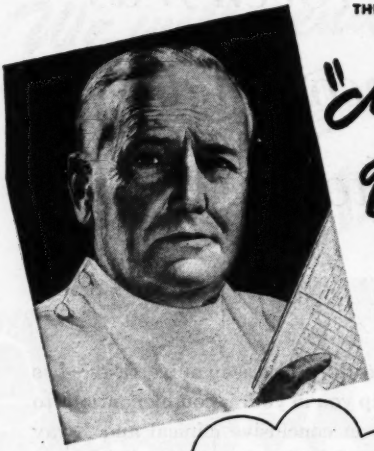
The only dentifrice used in these studies was Colgate Dental Cream. It may be pointed out that no other toothpaste, ammoniated or not, offers proof of such results. We believe you can recommend Colgate Dental Cream with confidence to all of your patients.



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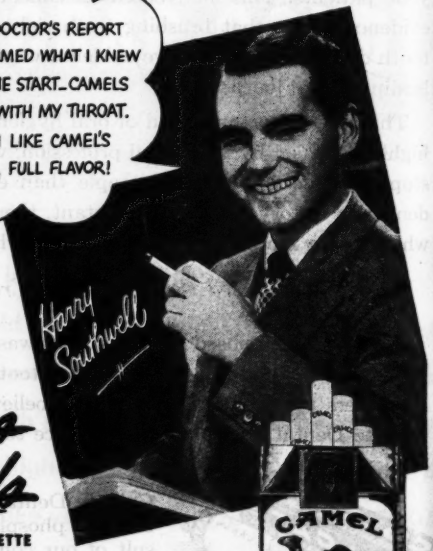
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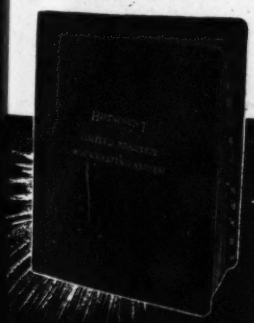
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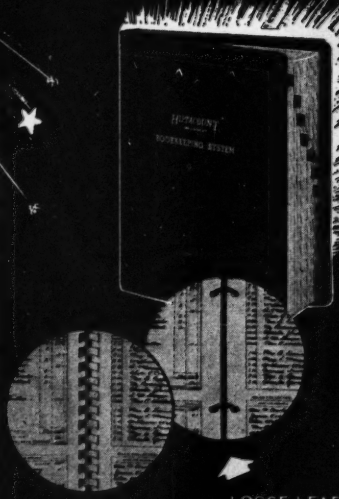
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"the Difference is Distinctive"

Which of these questions ask about Dentocillin

Q. ***Just how effective was Dentocillin in reducing dental caries in clinical tests?***

A. School children using Dentocillin had 55% less tooth decay after 2 years of regular daily use than children in the same community and same age group who used an identical tooth powder *without* penicillin.

Q. ***How did methods for testing and developing Dentocillin differ from tests conducted for other dentifrices . . . on which manufacturers are basing extravagant advertising claims?***

A. Dentocillin is the result of a 5-year development and research program, including a 2-year controlled clinical test among school children. The entire program was under supervision of a leading university and was directed by a respected authority in the field of dental research.

The clinical test was not dependent on toothbrushing immediately after meals. Both test groups brushed teeth once a day in classrooms during the school year, and were asked to brush teeth at home, morning and evening.

Dental caries were measured by careful examination and X-rays before and after the 2-year test period. Statistical reliability of results was checked thoroughly.

Results of the clinical study were fully reported in the May, 1950, issue of *The Journal of The American Dental Association*. An editorial in this issue commented on the thoroughness of the program.

Q. ***In addition to reducing dental caries, is Dentocillin useful in treatment of gingival infections?***

A. Penicillin's usefulness in the treatment of certain gingival infections is widely recognized. Tests have indicated that Dentocillin is effective in treating such infections; and further investigations are under way to determine, conclusively, the extent of its effectiveness.

Q. ***Will continued use of Dentocillin cause mouth organisms to become penicillin-fast?***

A. Every factor relating to possible effects of daily use has been subjected to thorough clinical testing. No indication of development of penicillin-resistant organisms was found. Mouth cultures of the children who used Dentocillin continuously for two years. Results of this care study were reported in the July, 19 issue of *The Journal of The Americ Dental Association.*

Q. ***Will continued use of Dentocillin cause sensitivity reactions?***

A. From all evidence, no significant problem exists regarding sensitivity. In addition to the school children, 4,480 subjects used Dentocillin continuously. Only six showed a mild reaction. Additional tests among persons known to be sensitive to injections of penicillin showed no allergic manifestations.



have you been wanting to

the new penicillin dentifrice)?

Q. *Is Dentocillin sold only on prescription?*

A. Yes. Drugstores may not sell Dentocillin without a prescription from the dentists for each patient.

Q. *Should Dentocillin be prescribed for all patients?*

A. Your professional judgment can best answer this. However, since practically every patient is subject to tooth decay and/or gingival infections, there is no reason to restrict Dentocillin to any specific group or type of patients. Also, clinical data is based on results of testing a cross section of individuals differing widely in susceptibility to tooth decay.

Q. *Should Dentocillin be prescribed for continuous use?*

A. *Yes.* Only through continuous use can Dentocillin be effective in reducing dental caries. As a precautionary measure, however, you may want to check patients during early stages of use for any allergic manifestations.

Q. *How should you instruct patients to use Dentocillin?*

A. Normal toothbrushing (as with any other dentifrice), two or three times daily, is recommended. Brushing immediately after meals is not necessary. Dentocillin need not be held in the mouth after toothbrushing.

Q. *What amount of Dentocillin should be prescribed?*

A. Dentocillin is now available in drugstores in convenient 3-oz. bottles (approximately a two months' supply).

Dentocillin®

the new penicillin tooth powder

MAIL COUPON TODAY *for 1 dozen ½-oz. free professional samples, preprinted prescription pad and literature giving complete scientific background on Dentocillin.*

The Andrew Jergens Company
Drug Division, Dept. 9
Cincinnati, Ohio

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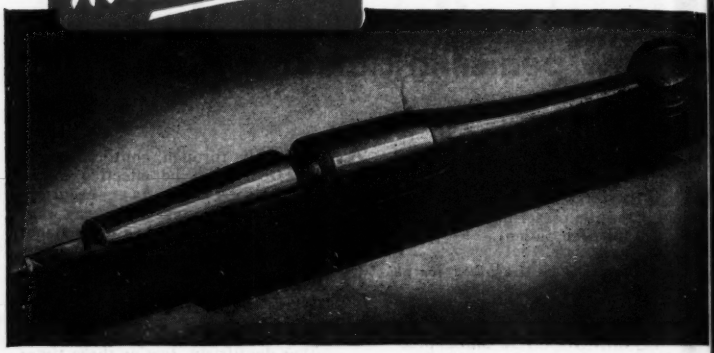
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Picture of the Month



DR. WALTER HUNTINGTON AND MRS. ELIZABETH BAXTER (see page 1782)

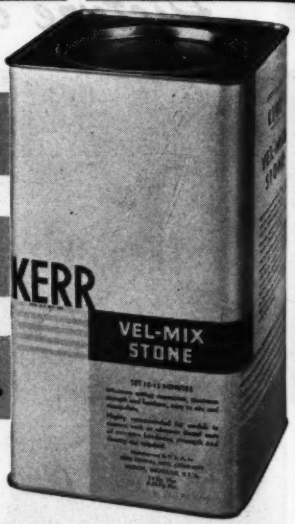
TWENTY-FOUR years ago, Doctor Walter Huntington, Gaston, Oregon, dentist, risked his life to save a little girl from drowning and received the Carnegie medal for his heroism. In San Francisco recently, Doctor Huntington and the little girl of 1926 met again for the first time since the rescue. She is Mrs. Elizabeth Baxter, a missionary with eleven years' experience in Central and South America, shown here examining a Mexican serape.—*Photograph, courtesy of The Oregonian, Portland 1, Oregon.*

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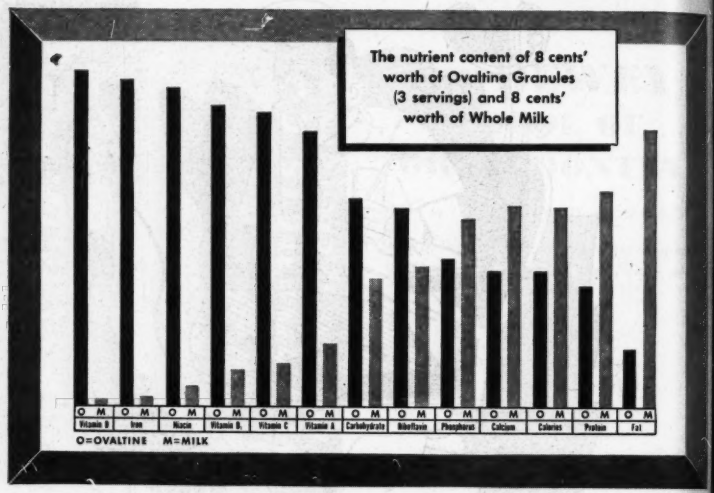
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Reference: 1. Management of the Common Cold with Neohetramine. Ind. Med. & Surg. 19:39-41, January, 1950.

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Calories	160	269
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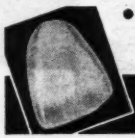
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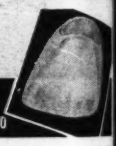
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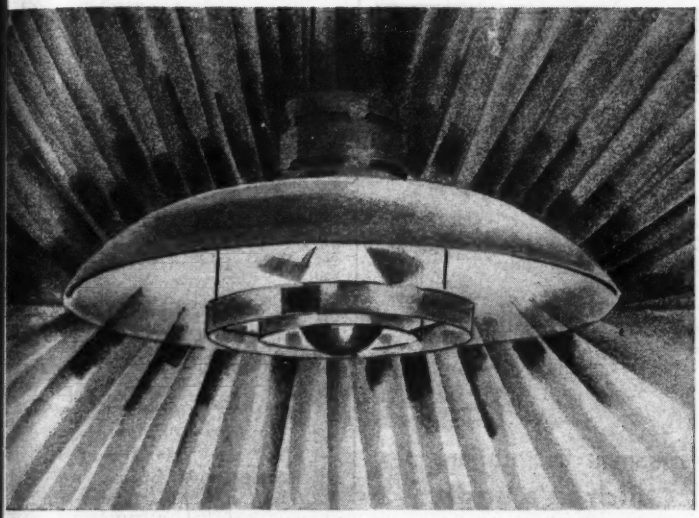
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With this soft radiance— *You* spend less energy

You save energy seeing because this revolutionary new light bathes your whole office in soft, glareless radiance—which eliminates the annoying and energy-sapping contrasts.

Unusual Advantages

BRIGHT CEILING—the unique Plexiglass reflector sends 15% of the light upward, 85% down.

TRUE COLORS—there is no paint pigment in the Plexiglass to add or distort colors.

NO MAINTENANCE—there is no paint to scratch and chip. The sleek natural surfaces wipe clean easily.

LONG-LASTING—the plastic reflector and the anodized aluminum suspension rod and louvers are non-corroding lifetime materials.

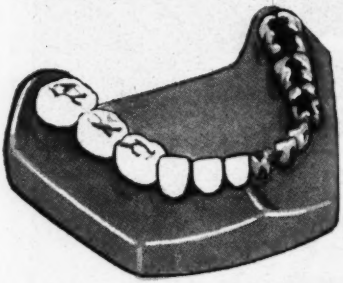
FLEXIBLE—the GV is adaptable to either high or low ceilings with an inexpensive adaptor. It can be changed from one to the other.

SIMPLE INSTALLATION—your local electrician can install the GV easily.

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These economical Crowns resist abuse. They withstand chewy candy and "jawbreakers." Applied in one sitting—permanently!

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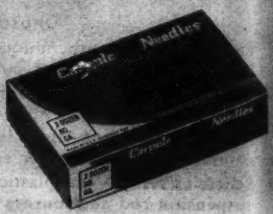
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When dentists take care...

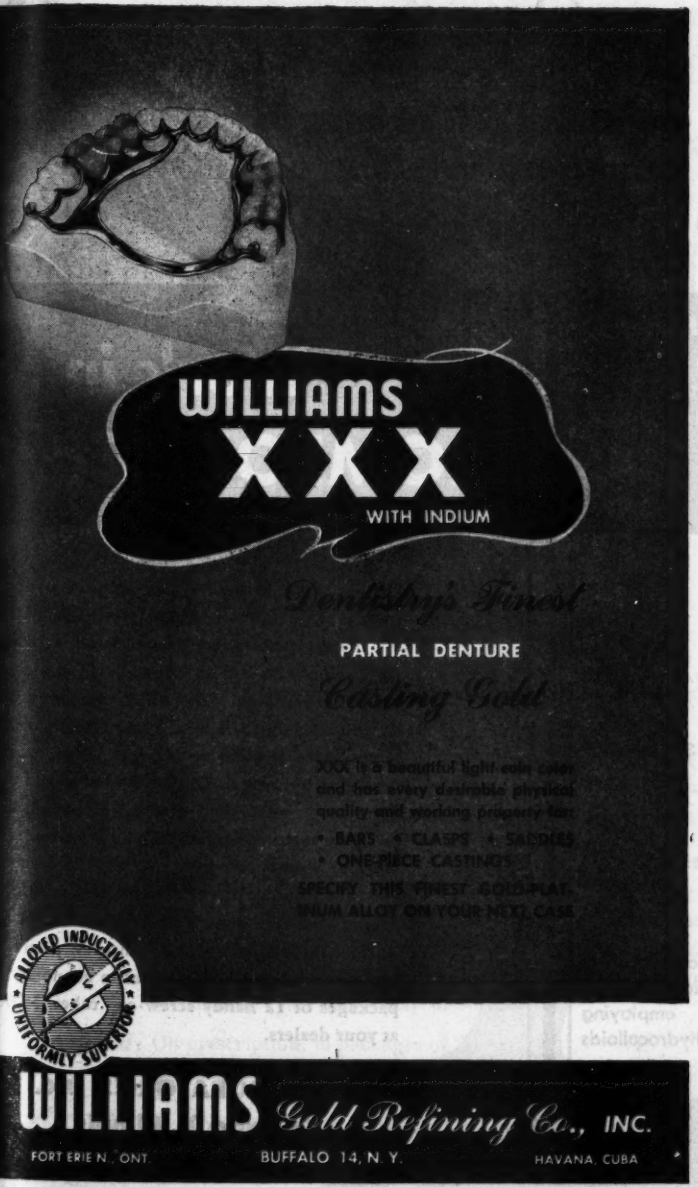
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Patients are Grateful!



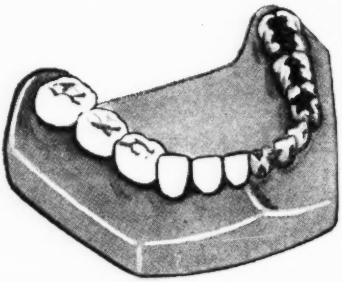
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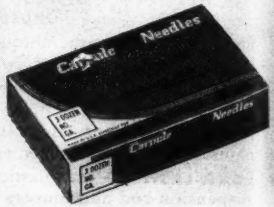
Box 1887, Denver 1, Colo.



When dentists take care...

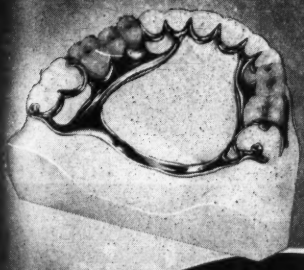
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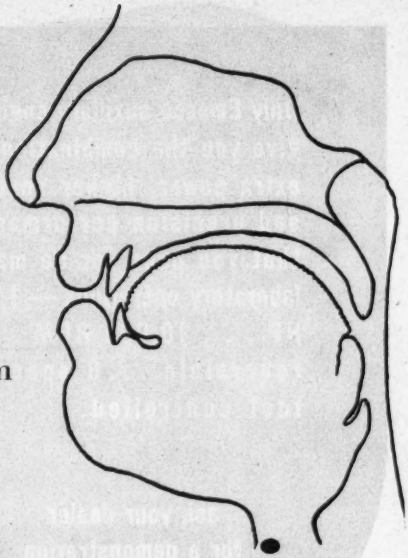


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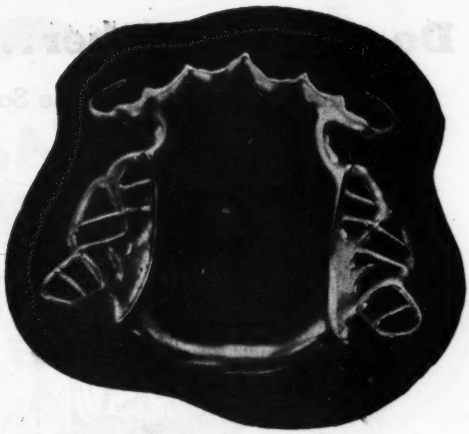
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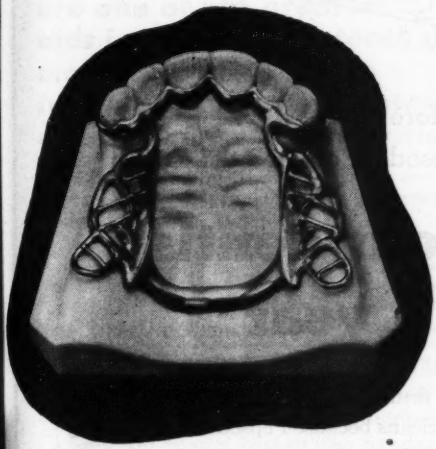


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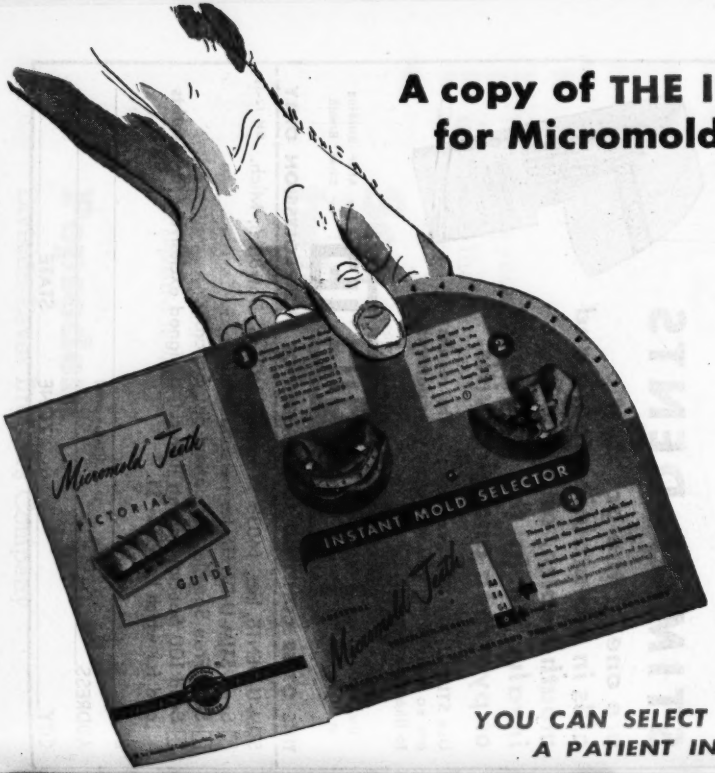
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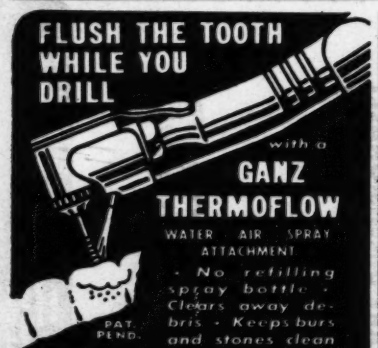
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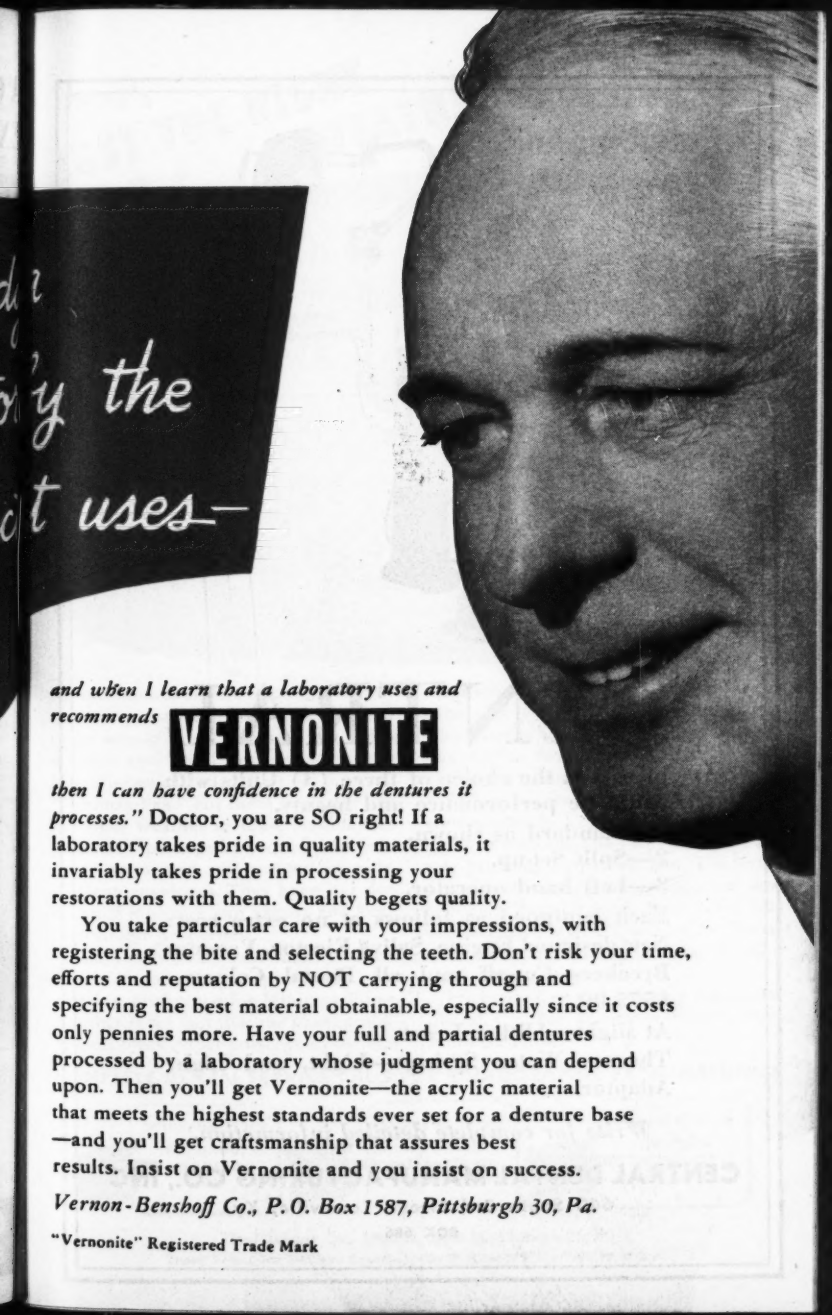
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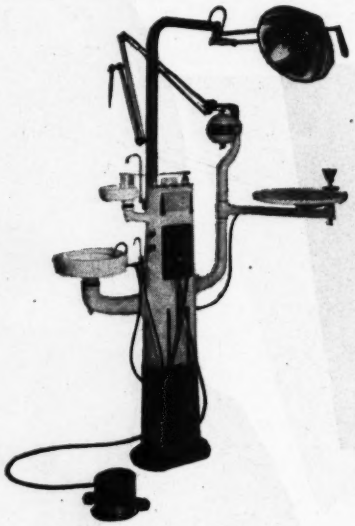


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Each equipped as follows at no extra cost: New designed Engine, Saliva Ejector, Vacuum Breaker—Cut-off and all Dental Colors—$575.00.

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ECONOMY Package of 250 Bisco Hard Aluminum Shells

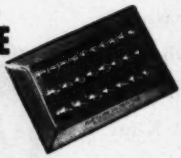


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ECONOMY SPECIAL . 11.00
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The Economy Assortment of Shells and the Shell Gauge may be ordered separately if desired.

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with Replaceable
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2. Cleans Teeth Safely . . . whitens teeth to original shade without harm to enamel. Freshens the mouth.

3. Keeps instruments bright . . . a few teaspoonfuls in the sterilizing water prevent tarnish. Instruments may be wiped bright even though kept in solution for hours. Costs but a few cents.

4. Educational booklets . . . a series of entertaining, illustrated little storybooks is available for your waiting room. They help keep youngsters cheerful. Sent free on request.

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COUNCIL on DENTAL THERAPEUTICS
AMERICAN DENTAL ASSOCIATION



Business Established 1846

CHURCH & DWIGHT CO., Inc.

10 Cedar Street • New York 5, N.Y.

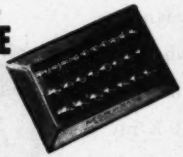
ECONOMY Package of 250 Bisco Hard Aluminum Shells



REGULAR PRICE . . . $12.50
ECONOMY SPECIAL . 11.00
Saving $ 1.50

The Economy Assortment contains 250 hard, thin aluminum (36 gauge) one-half inch Bisco Seamless Shells in 20 different sizes. A practical selection for every purpose in preparing crowns and bridges, protecting inlay preparations, etc. Shells are precision made, Bisco quality. Mail coupon today.

Shell GAUGE



REGULARLY .$1.50
SPECIAL . . 1.00
Saving $ .50

Available also for a limited time at special price is the convenient, sturdy, polished heavy aluminum Bisco Shell Gauge.

The Economy Assortment of Shells and the Shell Gauge may be ordered separately if desired.

BLUE ISLAND SPECIALTY CO., INC.
Blue Island, Illinois

- ☐ Kindly send Economy Assortment of Bisco Seamless Shells at special price of $11.00
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My dealer is _____
Be sure to give name of dealer

HUBASEAL

SATIN-SOFT
HEADREST COVERS
with Replaceable
PLASTIC COVERLETS

PRACTICAL • STERILE • INEXPENSIVE



A long-lasting rayon fleece cushion base with replaceable, plastic coverlets which may be changed for each patient. Very economical.

SANITARY! GREASEPROOF! BOILABLE!

Sold only through dental dealers

P. S. Have you tried HUBASEAL Plastic PATIENT THROWS? They're perfect for a prophylaxis.

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Your Young Patients with a Small Gift . . . .

PLASTIC ANIMALS IN MIXED COLORS AND MANY VARIETIES

300 for $3.75 600 for $6.75
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Ball Point Pens, 2 dozen, $2.00

Money-Back Guarantee on All Sales

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SOLID BRONZE NAME SIGNS

Cast, raised letters, drilled, with screws



3″x12″—$ 9.00	3″x14″—$10.50	3″x16″—$12.00
4″x14″—$14.00	4″x16″—$16.00	4″x18″—$18.00
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other sizes 25c the square inch
signs with wording on both sides 38c the square inch

LAUER METAL CO.
1108 Cathedral Street, Baltimore 1, Md.

High Standing

...through the years!

Pure Sodium BICARBONATE

U. S. P.

1. Reduces L. Acidophilus count . . . recent research proves bicarbonate of soda an efficient dentifrice for L. Acidophilus control.

2. Cleans Teeth Safely . . . whitens teeth to original shade without harm to enamel. Freshens the mouth.

3. Keeps instruments bright . . . a few teaspoonfuls in the sterilizing water prevent tarnish. Instruments may be wiped bright even though kept in solution for hours. Costs but a few cents.

4. Educational booklets . . . a series of entertaining, illustrated little storybooks is available for your waiting room. They help keep youngsters cheerful. Sent free on request.

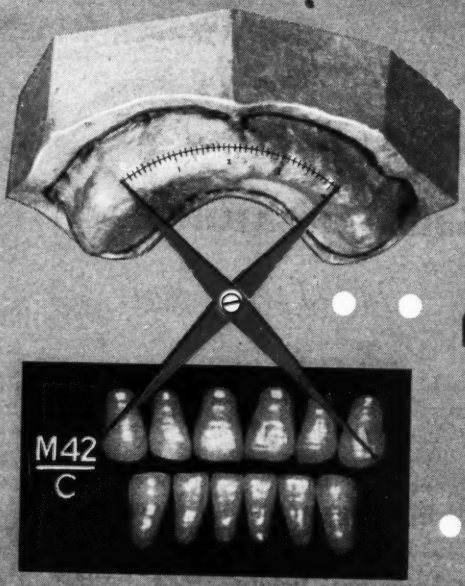


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42

M

THE FIVE-PHASE ANTERIOR METHOD OF SIMPLIFIED TOOTH SELECTION:

This diagram blueprints the only direct, *scientific* method of tooth selection. It is based upon the two valid requirements, namely: *measurements* of replacement area and *character* of teeth to be replaced. This procedure can only be followed with Five-Phase Anteriors. Further, the proximal surfaces of all Five-Phase Anteriors are co-acting. Centrals, laterals and cuspids of any "set" may be combined for individualized esthetics. Thus, the compact Co-ordinate Size Mold System expands to several hundred sets, each distinctively different in character—*lifelike in appearance!*

UNIVERSAL DENTAL COMPANY • 48th

In the Five-Phase Co-Ordinate Size Mold System, the letters C and F describe dominantly Curved (C) and dominantly Flat (F) labial characters.

The initials L, M and S, designate Long (L) Medium (M) and Short (S) sets.

Long—when length is ⅓ greater than width of central.

Medium—when length is ⅙ greater than width of central.

Short—when length is slightly longer than width of central.

	36 MM	39 MM	40 MM	42 MM	43 MM	45 MM	46 MM	48 MM	51 MM
LONG	L36 C	L39 C L39 F		L42 C L42 F		L45 C L45 F		L48 C L48 F	L51 C
MEDIUM	M36 C	M39 C M39 F	M40 C M40 F	M42 C M42 F	M43 C M43 F	M45 C M45 F	M46 C M46 F	M48 C M48 F	M51 C
SHORT		S39 C S39 F	S40 C S40 F	S42 C S42 F	S43 C S43 F	S45 C S45 F	S46 C S46 F	S48 C S48 F	

YOUR UNIVERSAL DEALER WILL BE GLAD TO DEMONSTRATE THE FIVE-PHASE ANTERIOR CO-ORDINATE SIZE MOLD SYSTEM IN FULL DETAIL. CALL HIM TODAY—OR, IF YOU PREFER, WRITE US DIRECTLY FOR DESCRIPTIVE LITERATURE.

FIVE-PHASE

ANTERIORS

AVAILABLE IN PORCELAIN AND PLASTIC

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WRITE IN
Veri-chrome
COLORS OF CONTROLLED BRILLIANCE

Sensational!

NEW TI-LECTRO POLISHER

● Wherever it has been shown, the new TI-LECTRO Polisher has created a sensation. At dental shows it was a hit — in private showings it had doctors enthusiastic — in dental offices patients hailed the new brilliance!

TICONIUM presented TI-LECTRO to its laboratories exclusively. Here's new, magic brilliance for Ticonium cases. A few of the features are:

new brilliance

increased eye appeal



full tissue detail in "high key"

holds lustre longer

● TI-LECTRO polishing is TICONIUM's answer to modern dental needs. Ask your local TICONIUM Laboratory about TI-LECTRO!

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TICONIUM • 413 N. Pearl Street • Albany 1, New York

I WANT TO TRY A TI-LECTRO CASE. PLEASE HAVE YOUR NEAREST LABORATORY CALL ON ME.

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ADDRESS.....

CITY..... ZONE..... STATE.....

Try It Once and You'll Use It Always

Revolutionary NEW PROFESSIONAL (Plastic) PACKAGE

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ORALINE

MOUTH WASH

Ask your Salesman for Oraline in the 8-oz. Plastic Bottle.

The S. S. White Dental Mfg. Co.

211 SO. 12th STREET, PHILA., 5, PA.

FREE! Write on Professional Letterhead for Dental Prescription-Blank Pads.



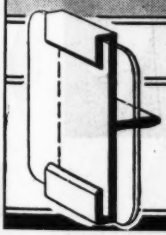
✓ Easily stored, neat appearance, non-breakable.

✓ Concentrated. Makes 2 full gallons.

Convenient one-hand operation. No waste. Just lift cap, tilt, squeeze!

Contains no metallic salts; non-astringent. Ideal for denture wearers and children love it!

For Better Radiographs — Use



NU-RAY BITE TABS

Specially processed rubber. Cast no shadow on film. Boilable. Tasteless. Hold all films firmly. Easy and pleasant to use.

1 Anterior, 1 Posterior—$1.00

B. G. HATCH COMPANY, INC., BROOKLYN 1, N.Y.

TOPS IN ALGINATES

For partial, orthodontic, and edentulous impressions, and for accurate duplicating, too.

KALGINATE

IN TUBES OR THE ECONOMICAL BULK CAN

OUTSTANDINGLY SUCCESSFUL IN PRACTICE

Easy to use. Sold on money back guarantee. Ask your dealer.

LEE S. SMITH & SON MFG. CO. PITTSBURGH 8, PA.

Local RELIEF for Local PAIN

PREOPERATIVELY



POSTOPERATIVELY



POLORIS

CAPSICUM - BENZOCAINE

DENTAL COUNTERIRRITANT

Apply **POLORIS** *buccally and as closely as possible to painful or congested area.*

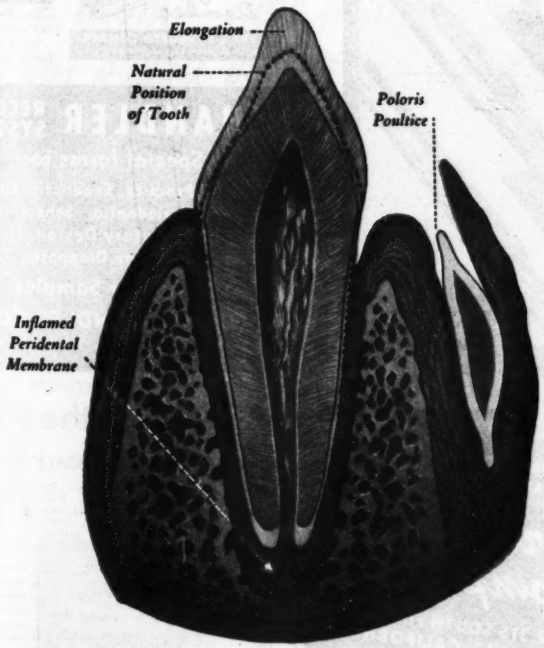
for example:

PERICEMENTITIS

"Counterirritants," states Prinz, when "applied to the gums will often help to localize and relieve pain [of pericementitis]." Such counterirritant action may be conveniently applied with **POLORIS**. A professional supply of **POLORIS** is available on request. Write to

POLORIS COMPANY, INC., 12 HIGH ST., JERSEY CITY 6, N.J.

30-M



TRADE MARK

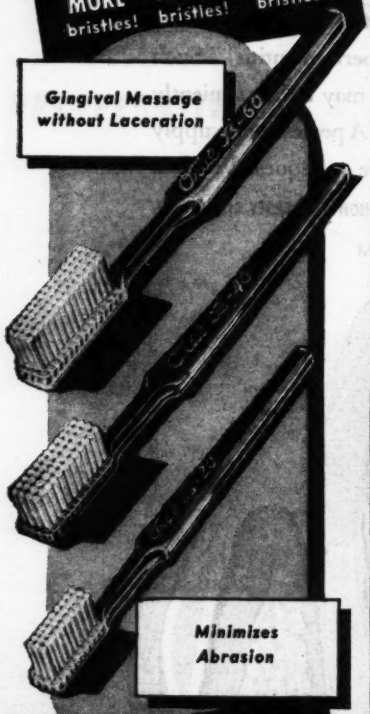
Oral B

PATENT PENDING

The NEW brush designed to meet professional requirements

MORE bristles! SOFTER bristles! SMALLER bristles!

Gingival Massage without Laceration



Minimizes Abrasion

PLEASE WRITE TO OUR OFFICE FOR DETAILED INFORMATION.

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DEPT. B, 315 SOUTH FIRST ST.
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COPALITE

for the (Formula of Dr. R. C. Cooley)

PROTECTION *and* INSULATION *of* Fillings, Inlays, Crowns and other Restorations



Within a cavity prepared to receive an inlay.



Within a cavity to be filled with silicates, gold foil, or an inlay.



Upon dentine prepared for a porcelain jacket crown.

The use of Copalite under fillings, inlays, crowns and many other types of restorations contributes materially to comfort and lasting service. It penetrates, fills and seals the tubuli. An extremely thin coating for a *strong* joint between restoration and dentine. It is soothing, germicidal, resistant to thermal shock. A package—enough for 500 applications, costs little more than ½¢ per application.

Thru Your Dealer

HARRY J. BOSWORTH COMPANY

CHANDLER RECORD SYSTEM

Special forms for

General Practice, Exodontia, Orthodontia, Periodontia, School, Hospital, Laboratory Design, Health Diagnosis, X-Ray Diagnosis.

Write for Samples

H. M. CHANDLER CO.
108 W. 42 St. New York 18, N. Y

ELECTED, the polisher of the year!



Thousands of Dentists have sent for a sample BS Polisher and have chosen it as the polisher of the year for its efficiency, smoothness, coolness, and comfort. No cost or obligation to obtain this visual proof of its superiority. **Send for your sample today.**

Young Dental Mfg. Co.,
St. Louis 8, Mo.
Yes, please send a sample BS Polisher.

Dr. .....
Address .....
City .....



"Gee, Mom—he's a nice dentist...
I GOT DUBBLE BUBBLE FOR BEING GOOD!"

Fleer's DUBBLE BUBBLE gum is made of the finest ingredients under immaculate sanitary conditions. Its wholesomeness and purity are beyond question.

Write on your letterhead or prescription blank to Frank H. Fleer Corp., Philadelphia 41, Pa., for samples to give to your younger patients. They'll be your grown-up patients before you know it!

The kids go for DUBBLE BUBBLE... it's the fastest selling penny gum in the world!

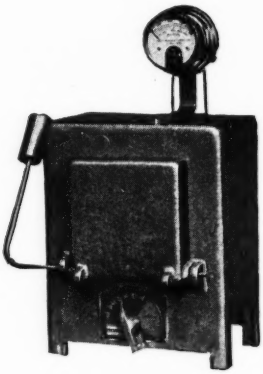
★ *Winner of Philadelphia C. of C. Sanitation Award*



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PENNSYLVANIA

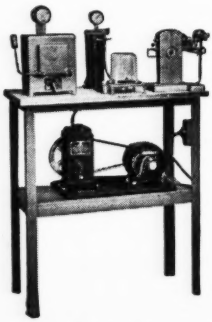
TORIT

Electric Furnace



Torit Vacuum Casting and Investing Outfit

Perfect dental castings save you time, money, materials and insure your patient's satisfaction. You can make them easily and quickly with the Torit Vacuum Casting and Investing Outfit pictured here. Units may be purchased separately, or as a complete outfit.



Ease of operation, more exact temperature controls in the new Torit Electric Furnace

Here is an electric furnace specifically designed for burning out wax investments. Equipped with an "input" type of control, it attains set temperatures gradually, giving ample time for wax and moisture elimination, and then accurately maintains that temperature.

With the Torit Electric Furnace you avoid many of the burn-out failures due to inaccurate temperature control. You get nice, clean molds, and castings that are easy to pickle.

The Torit Electric Furnace is equipped with a rheostat control, pyrometer, and electric cord with an off-on switch. For complete details and latest Torit catalog, write: TORIT MANUFACTURING CO., 279 Walnut St., St. Paul 2, Minnesota.

Torit Dental Products



Gamophen

ANTISEPTIC SOAP

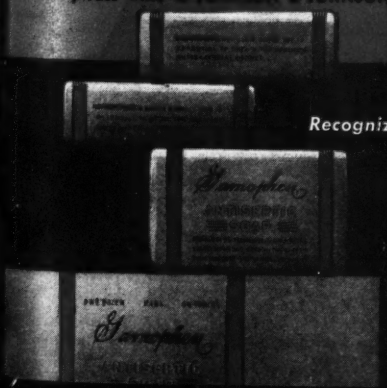
Regular use of GAMOPHEN Antiseptic Soap makes and keeps your hands surgically clean. Wash your hands today, and they'll be cleaner tomorrow, too.

GAMOPHEN does everything other soaps can do—and, because it contains 2% hexachlorophene, gives you these outstanding advantages:

- 36% more effective* than 3½% tincture of iodine
- Cumulative antibacterial action from routine use
- Non-irritating, non-sensitizing, non-toxic

SUPPLY: Individually wrapped four and one-half ounce cakes in boxes of twelve. Ask your dealer about the attractive quantity rates.

For your copy of the brochure presenting clinical and laboratory evaluation of GAMOPHEN, please write to JOHNSON & JOHNSON Dental Division, New Brunswick, New Jersey.



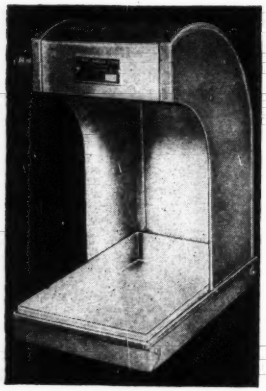
Recognized by patients · Relied on by dentists

DENTAL DIVISION

Johnson & Johnson

*Tested against mixed cultures of Staph. aureus, Strep. hemolyticus and E. coli.

The Handler "ARISTOCRAT" Splash Pan



A smart, modern Splash Pan, designed especially for the dental laboratory that prefers to keep accumulated waste at the dental lathe and not all over the room.

Made of polished sheet Aluminum, the "ideal" metal with the unique qualities of light weight, beauty and **durability.**

Featuring a removable tray that enables the Splash Pan to be quickly and easily cleaned of waste. A conveniently located light provides adequate illumination at the dental lathe at all times.

For the **ARISTOCRAT** of Splash Pans, it is the Handler Splash Pan. There is one to suit your requirements:

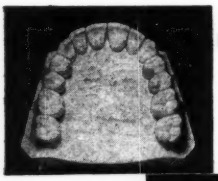
Large Model (Size: 12"x6"x10")	Price	Small Model (Size: 10"x6"x10")	Price
#83L-w With Light	$5.50	#83S-w With Light	$5.23
#83L-n Without Light	$4.68	#83S-n Without Light	$4.40

Special Size Splash Pans can be supplied according to your specifications. Prices will be furnished upon request.

Manufactured only by

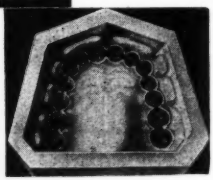
EDWARD HANDLER & SON

86-90 North Avenue **Garwood, New Jersey**



MAKE Demonstration MODELS from SURPLUS PLASTER

with COLUMBIA RUBBER DENTOFORM MOLDS



Better than sketches to explain cases to patients

Instead of wasting surplus plaster pour it into the Mold. If not enough, add the next excess mix, first wetting the set plaster.

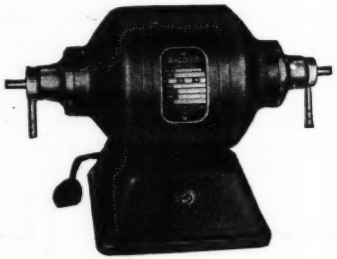
To make Models with Ivorine abutments, insert Ivorine Teeth into Mold before pouring.

Sets of Upper and Lower Molds Now Available

No. R20—A set without 3rd molars $5.00
No. R22—A set with 3rd molars $5.00
No. R24—A set for deciduous models ..$5.00
Ivorine Teeth, each 50c

COLUMBIA DENTOFORM CORP.
131 East 23rd Street **New York 10, N. Y.**

WHY DENTISTS LIKE BALDOR LATHE No. 102



Totally enclosed, dust-proof, trouble-free, ¼ hp, 3400 RPM motor has ball-bearings lubricated for life. Change chucks while lathe is running. Ideal for polishing in dentist's own laboratory.

Baldor Lathe #102, less chucks, $36.00

Clip this ad to your billhead and mail for lathe bulletins.

Baldor **ELECTRIC CO.**
4372 Duncan Ave.
St. Louis 10, Mo.

it costs no more to be sure

it will fit . . . just make it

a *Replicast* PRECISION REMOVABLE

Think what it would be worth to your peace of mind to know in advance that your partial cases—no matter how difficult—will fit just as you intended they should.

But whatever that comforting assurance would be worth to you, you don't have to *pay* more for it. It's a part of the bonus you get—in satisfaction and in enhanced prestige—when you order REPLICAST precision removables.

The reason lies in the testing-laboratory precision of the Dresch-developed REPLICAST technic, which eliminates the "variables" of conventional casting methods. Like the precision technics of industry, it lends itself to efficient, step-by-step production, yielding a more accurate result at a cost that is no greater, and in some cases even less.

Discover for yourself why these supremely accurate appliances have won preferment by outstanding dentists from coast to coast. Mail the coupon or write for full particulars now.

REPLICAST ... A METHOD ... NOT A MATERIAL

The Dresch Laboratories Company
1009 Jackson Street—Toledo 1, Ohio

Tell me more about 'REPLICAST' precision removables.

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HDO



MORE AND MORE DENTISTS ARE USING

TRI-TEX

POWDER AND LIQUID

For Rebasing AT THE CHAIR

Attractively packaged, befitting a product that is compounded at the chair in view of the patient.

Developed from the formula of D.D.S.

TRI-TEX powder is a precured resin (methyl methacrylate). **TRI-TEX** liquid, the solvent for the powder, contains no chloroform, acetone or acrylic monomer.

TRI-TEX is easy to use. You simply mix to the consistency required, apply to the denture and "seat" the denture "at the chair" . . . quickly and effectively. This **TRI-TEX** addition to the denture sets in about fifteen minutes, the final result being a hard, non-porous, acrylic correction accurately adapted to mouth tissue. When proper technique is employed, the **TRI-TEX** addition becomes an integral part of the denture which is impossible to remove except by lathe grinding. **TRI-TEX** has enjoyed professional acceptance for over 5 years. Have you tried it yet?

TRI-TEX IS A PRODUCT OF

BELL DENTAL PRODUCTS CO., INC.

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COlumbus 5-4158

MFRS. OF CUSHION BASE • B-B DENTURE RESIN • MUCOSTAT

THE SKAPYOR CORPORATION OF AMERICA

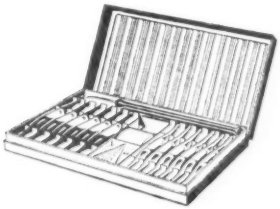
now introduces to the American Dental Profession

A New and Valuable Adjunct for the Treatment of Periodontal Diseases

SKAPYOR

Successfully used for over 20 years in Europe and Great Britain

With the use of this treatment, the need for radical periodontal surgery may be completely eliminated, even in cases of chronic pyorrhea. It is, we believe, superior to any medication previously available to the American dentist for use in treatment of chronic gingivitis and pyorrhea.



SKAPYOR is:

Non-Toxic—both locally and systemically. It is anti-bacterial. Caustic action is self limiting.

A Fibrosing Agent—the epithelial attachment underlying the previously sloughed diseased epithelium is strengthened by fibrosis, and tissue tone in this area is much improved.

A Sloughing Agent—the drugs used in the preparation of SKAPYOR cause a destructive escharotic action. However, when the drug is used as directed, this becomes a disease eliminating action as the inflamed pocket-forming epithelium is sloughed.

Rapid positive results are obtained in the great majority of cases treated to date. Now any dentist with an ordinary knowledge of periodontal problems can obtain the desired results in the treatment of periodontal diseases. The value of SKAPYOR is high, the cost is reasonable. Easy to use, instructions are enclosed in each package.

THE SKAPYOR CORP. OF AMERICA, 704 RING BUILDING, WASHINGTON 6, D.C.

☐ Send box of SKAPYOR to my office and charge to my dealer

☐ Send brochure and additional information concerning SKAPYOR

Name of Dealer .....

Name .....

Address .....

City ..... State .....



Expert Skier...

DIETARY DUB!

He spent years learning to execute a slalom with perfect balance, yet gives little thought to balance in his diet. The end of a strenuous race finds him partaking of his usual one-sided fare: meat and potatoes—and more meat and potatoes. Salads and side dishes, which supply other essential vitamins, he all but ignores. Without realizing it, he is approaching the downhill slide to a subcritical vitamin deficiency.

Treatment of such deficiencies frequently calls for added B complex factors; for these cases, SUR-BEX proves a valuable adjunct to a corrected diet. Triple-coated SUR-BEX tablets are rich in vitamin B, yet pleasant tasting and easy to swallow.

When a lack of ascorbic acid is also apparent, SUR-BEX WITH VITAMIN C is recommended. In addition to the potent B complex factors present in SUR-BEX, these capsule-shaped tablets contain 150 mg. ascorbic acid. Both products supplied in bottles of 100, 500 and 1000 tablets. Abbott

NOTE THE FORMULA

Each SUR-BEX Tablet contains:

Thiamine mononitrate	6 m
Riboflavin	6 m
Nicotinamide	30 m
Pyridoxine hydrochloride	1 m
Pantothenic acid (as calcium pantothenate)	10 m
Liver fraction 2, N.F.	0.3 Gm. (5 gr
Brewer's yeast dried	0.15 Gm. (2½ gr

SUR-BEX WITH VITAMIN C contains 150 mg. of a corbic acid in addition to the vitamin B compl factors.

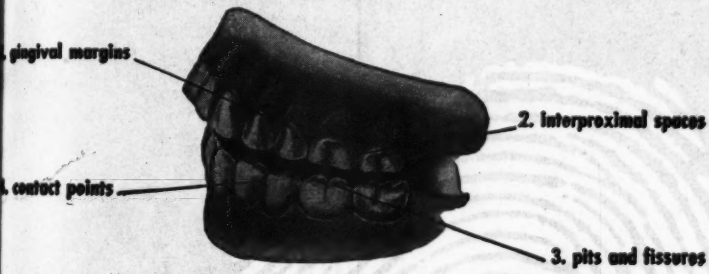
SPECIFY:

SUR-BEX

(Abbott's Vitamin B Complex Tablets)

IN THE CONTROL OF DENTAL CARIES

are you sure you are affecting THESE CRITICAL AREAS



With the TOPI-FLUOR THERAPY KIT* for topical sodium fluoride application, you can be certain you are reaching —and effectively treating—all areas where caries occur. Topi-Fluor therapy, applied by the wax impression method:

1. *Holds* Topi-Fluor Cream (2% sodium fluoride in stable solution) in contact with gingival margins.
2. *Pumps* sodium fluoride solution into all interproximal spaces.
3. *Penetrates* pits and fissures, due to low surface tension of the cream . . . visibly coats all surfaces.
4. *Reaches* contact points, through manipulation of the wax impression.

Topi-Fluor therapy saves time, too, because you treat an entire dental arch at one time.

NOW AVAILABLE—new, more economical packages that cut your cost to only 10¢ per treatment. Order from your Dental Supply House today.

TOPI-FLUOR THERAPY KITS—16 and 30-treatment sizes.

TOPI-FLUOR CREAM PACKAGE—three 30-treatment tubes.

TOPI-FLUOR CONTROL TABLETS—100-tablet bottles

*Patent Pending

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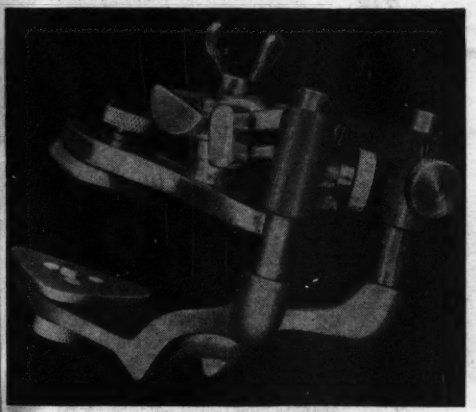
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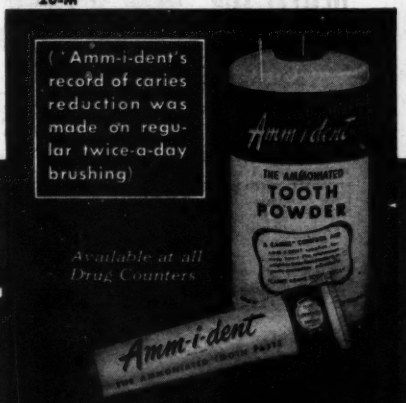
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REFERENCES: 1. Henschel, C. J. and Lieber, L.: J. Dent. Research, 28:248, 1949. 2. Kirchheimer, W. F. and Douglas, H. C.: J. Dent. Research, 29:320, 1950. 3. Lefkowitz, W. and Tanchester, D.: N. Y. Dent. J., 16:297, 1950. 4. Stephan, R. M.: J. Dent. Research, 22:63, 1943.

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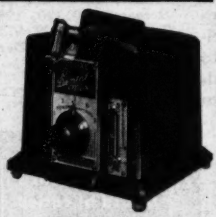
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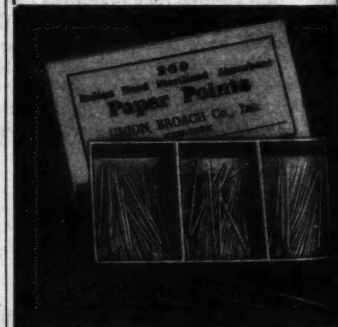


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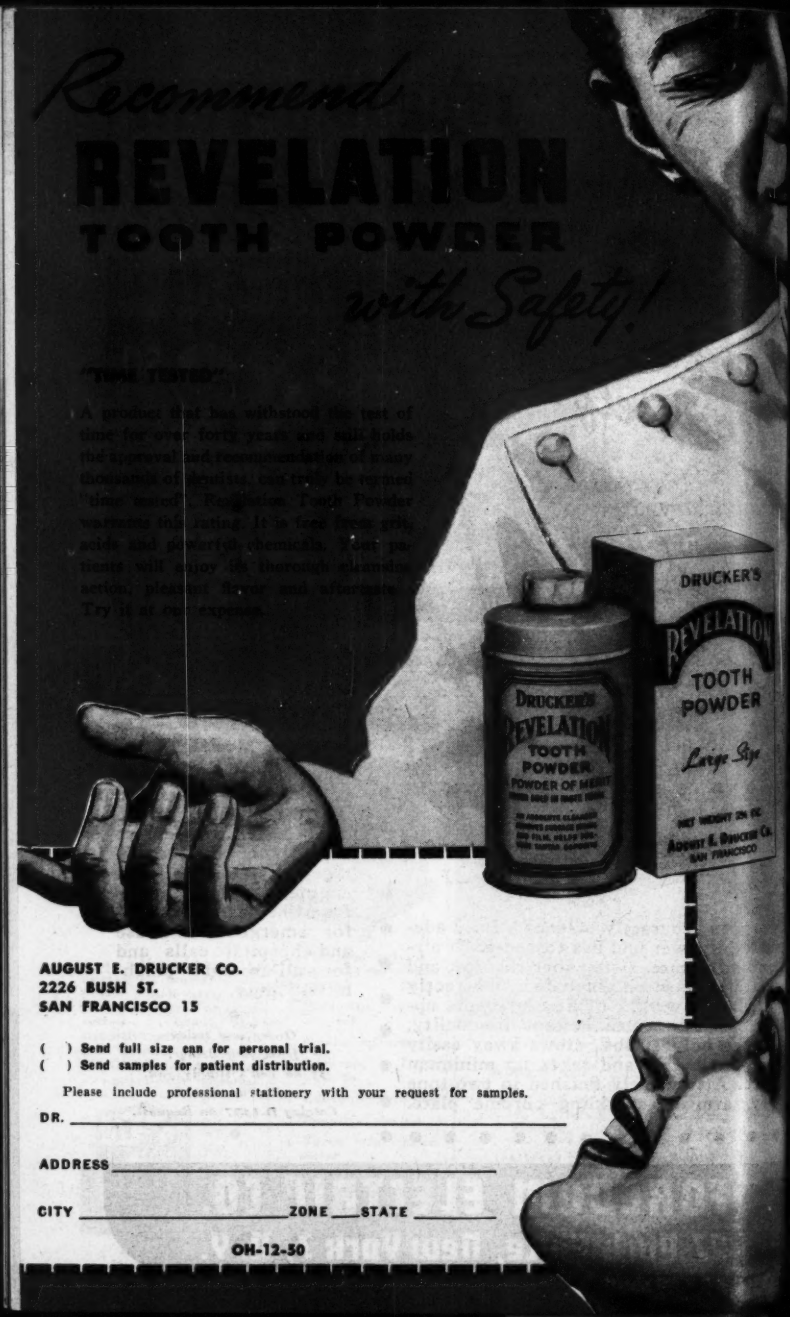
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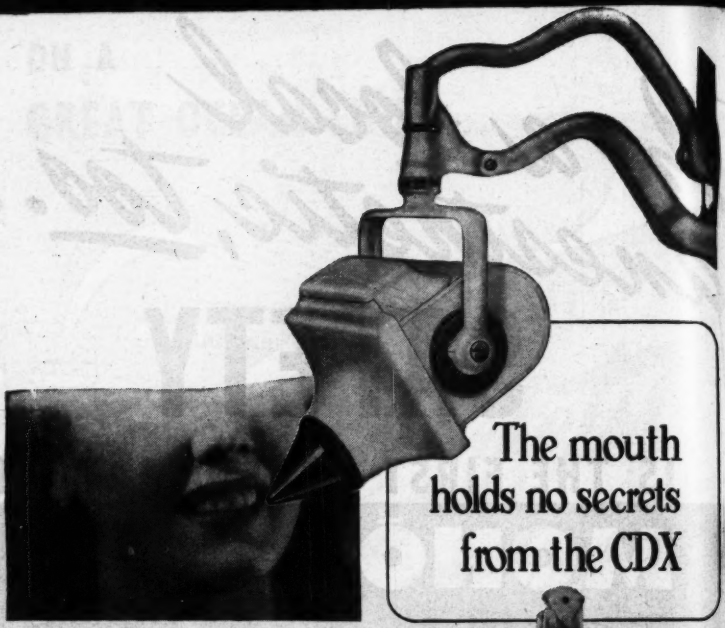
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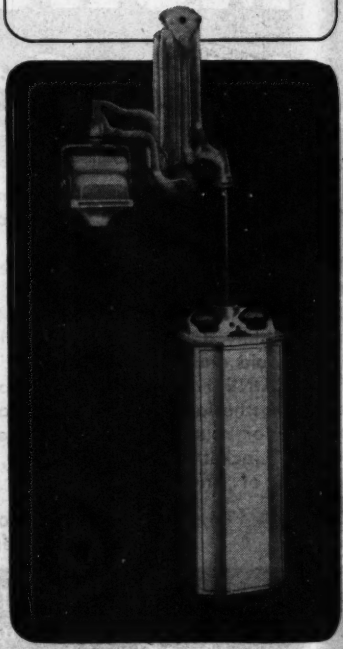
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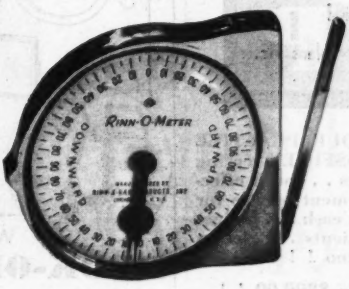
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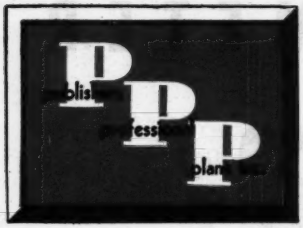
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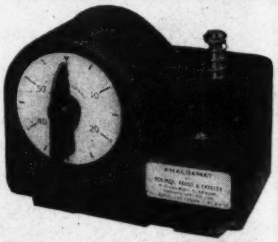
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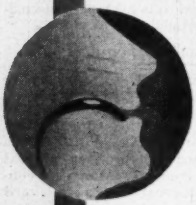
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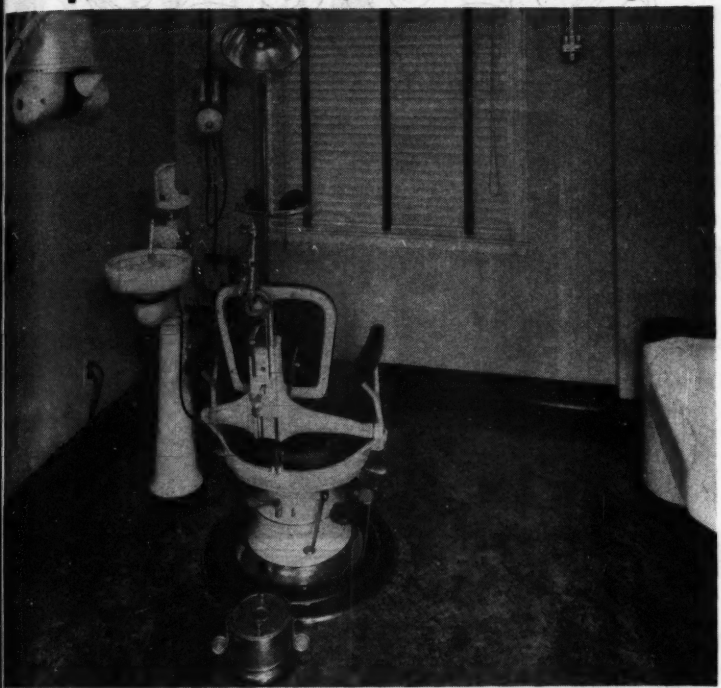
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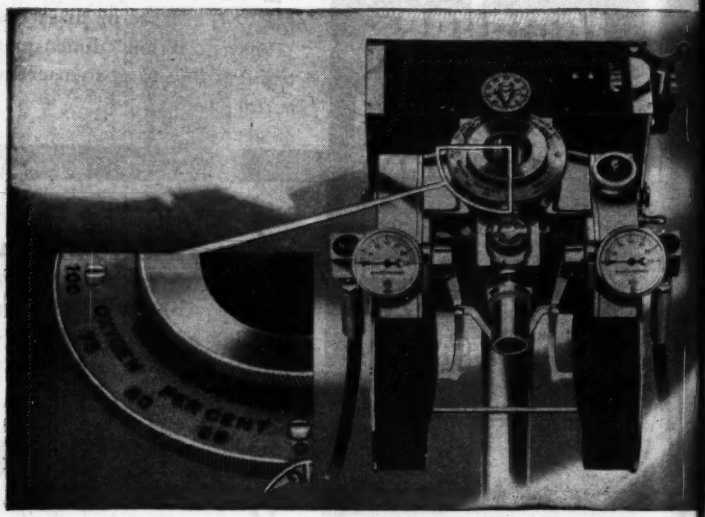
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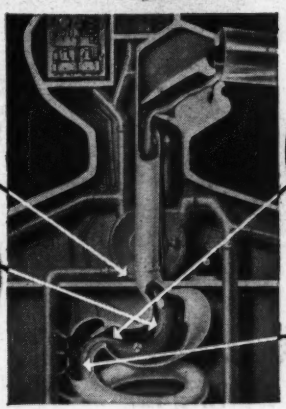
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1. *Effect of Buffering Agents on Absorption of Acetylsalicylic Acid J. Am. Pharm. A., Sc. Ed. 39:21, Jan. 1950.*

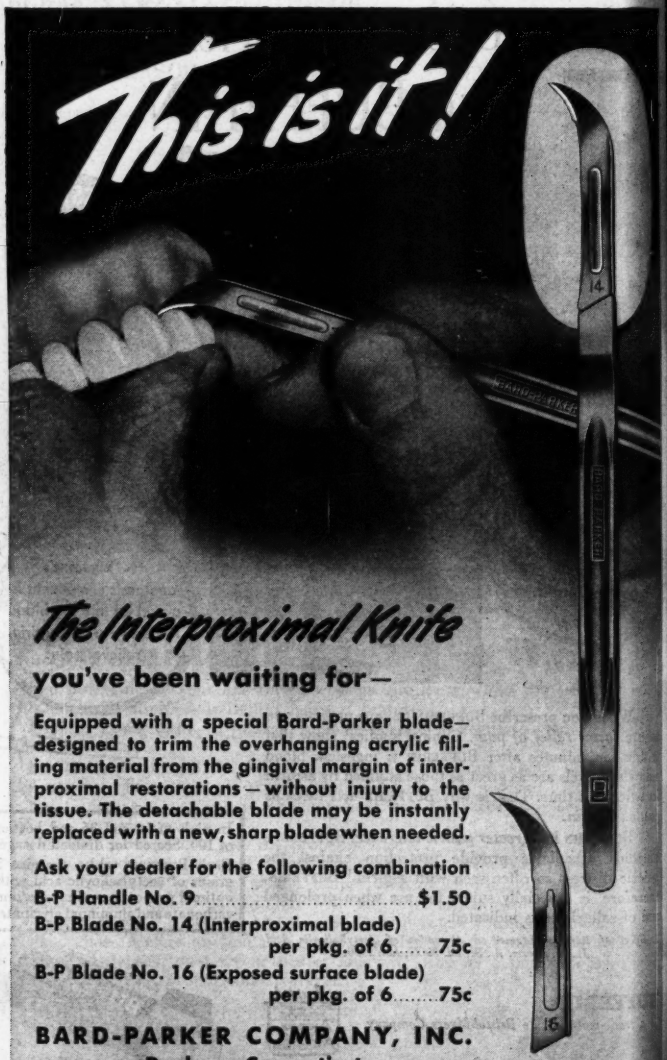
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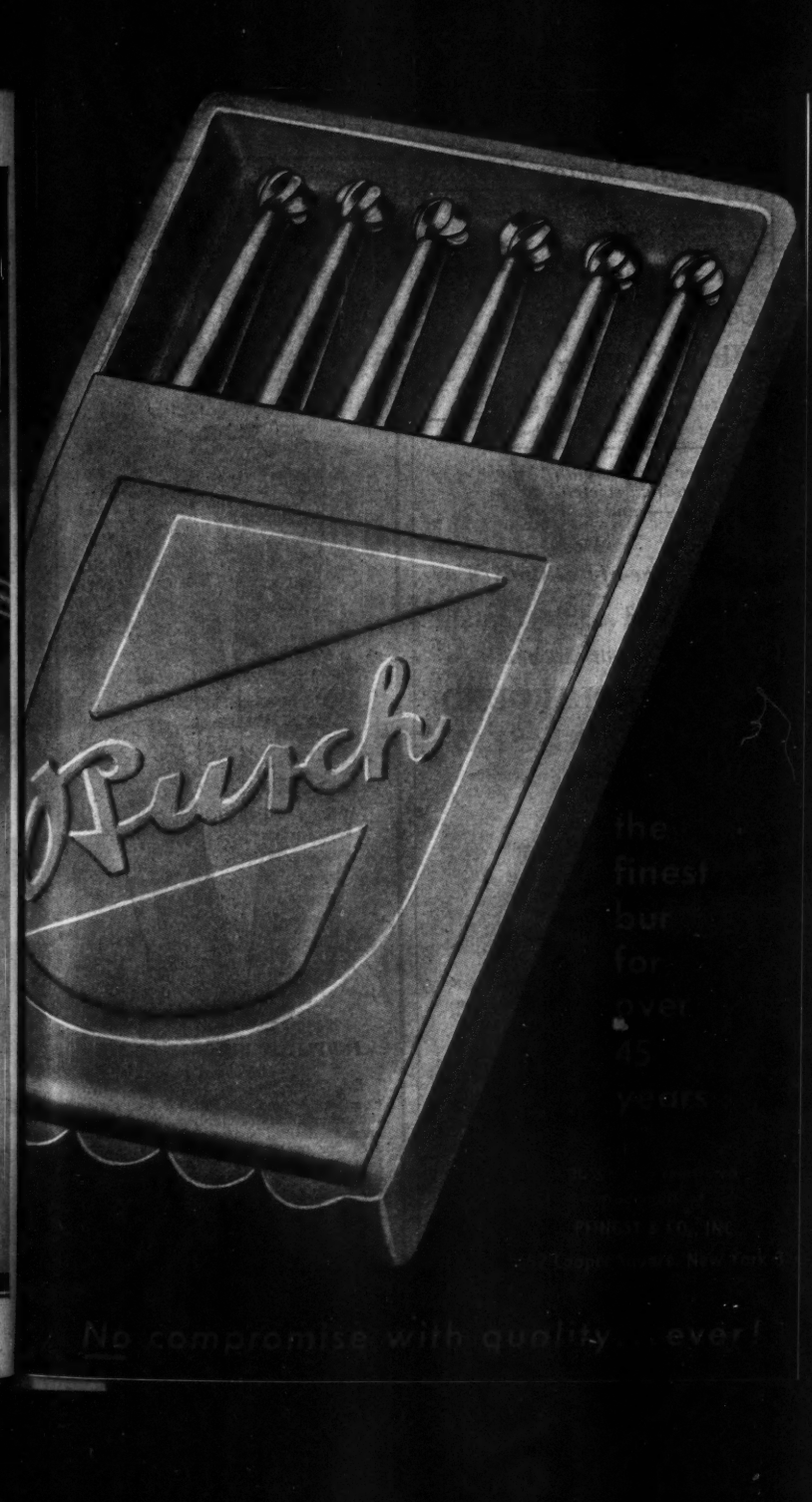
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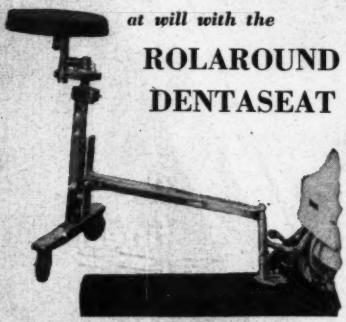
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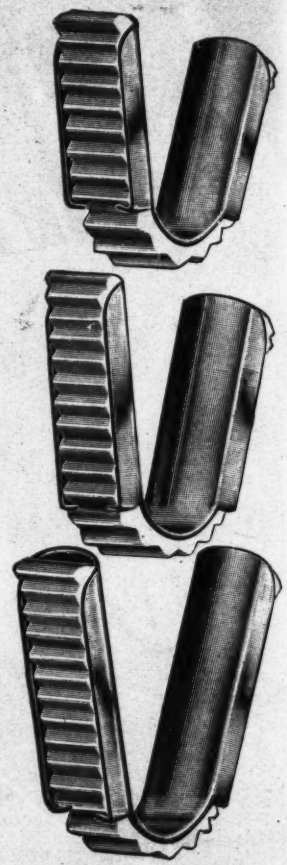
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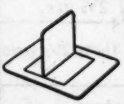
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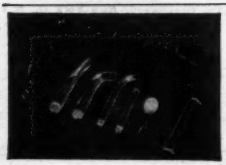
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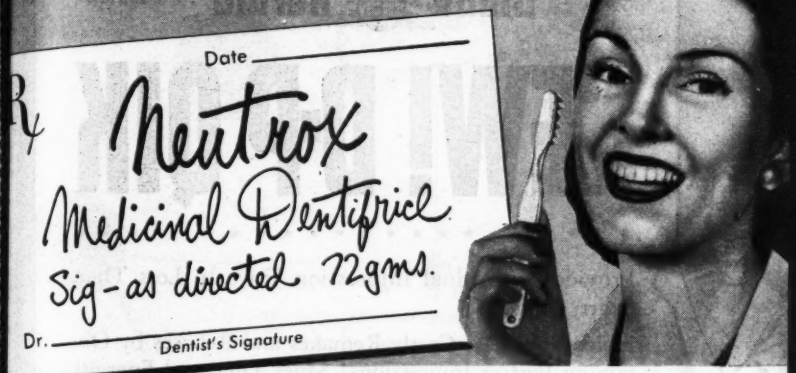
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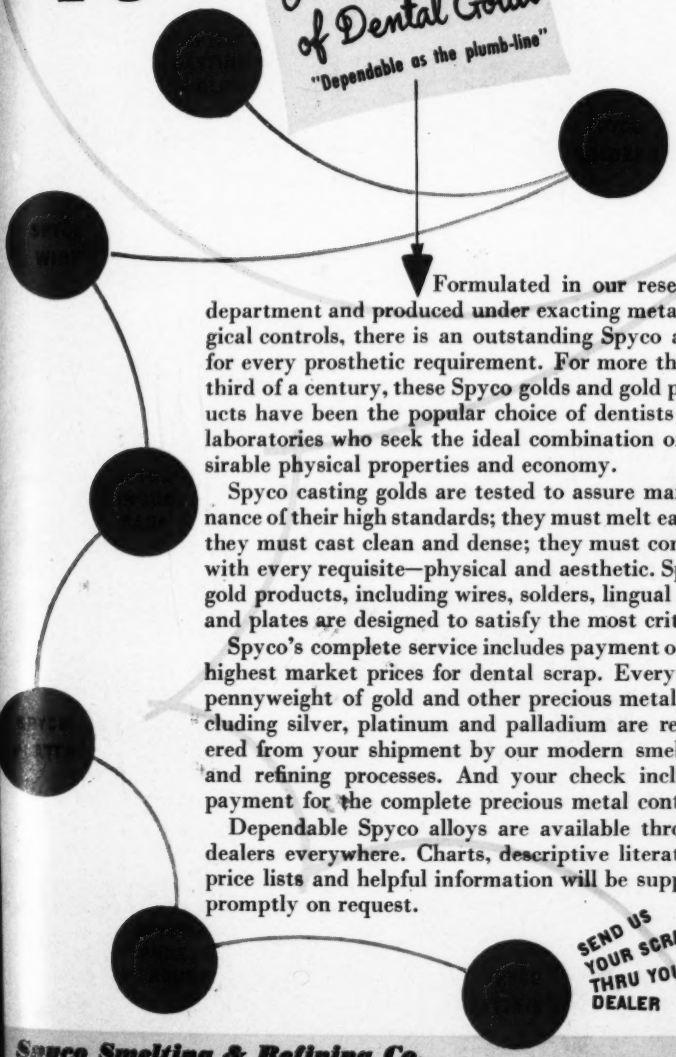
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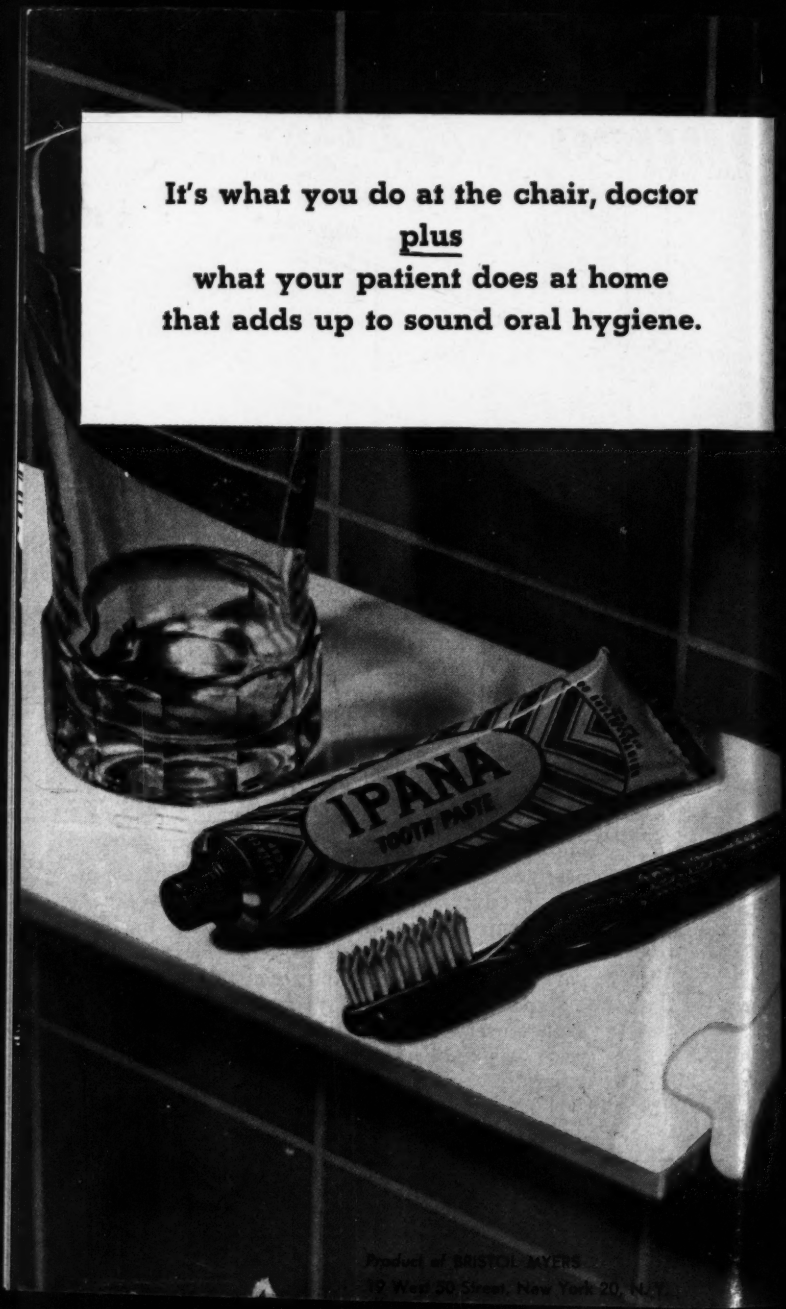
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